

CABINET MEETING: 11 JUNE 2015

REVIEW OF ATTENDANCE & WELLBEING POLICY

REPORT OF CORPORATE DIRECTOR RESOURCES

AGENDA ITEM: 5

**PORTFOLIO: CORPORATE SERVICES AND PERFORMANCE
(COUNCILLOR GRAHAM HINCHEY)**

Reason for this Report

1. To update Cabinet on a review of the Attendance and Wellbeing Policy and seek approval for an amended version of the policy to be implemented.

Background

2. In September 2011 the Policy Review and Performance Scrutiny Committee published an Inquiry into Managing Attendance that had been undertaken by a task and finish group of the Committee. The task and finish group reported back to the Committee in October 2011.
3. The policy was agreed at Cabinet in April 2013 for implementation from 1 July 2013 and it was agreed that a review would take place of the policy at 6 and 12 months. At the 6 month review, it was determined that there needed to be further operational experience before any changes could be proposed. Following the 12 month review post implementation involving, representatives from Directorates, schools, Trade Unions and the Equality Networks, a revised policy has been drafted and is attached as Appendix 1.
4. In addition to consultation with stakeholders, the review also took account of the Wales Audit Office Report of May 2014, relating to the Management of Sickness Absence in the Council. Additionally, points raised on benchmarking and accountabilities by Policy Review and Performance Scrutiny Committee of 4 March 2014 which looked at the impact of the Attendance & Wellbeing Policy. Further, proposed revisions to the Policy have also been considered by Policy Review and Performance Scrutiny Committee on 2 June 2015.

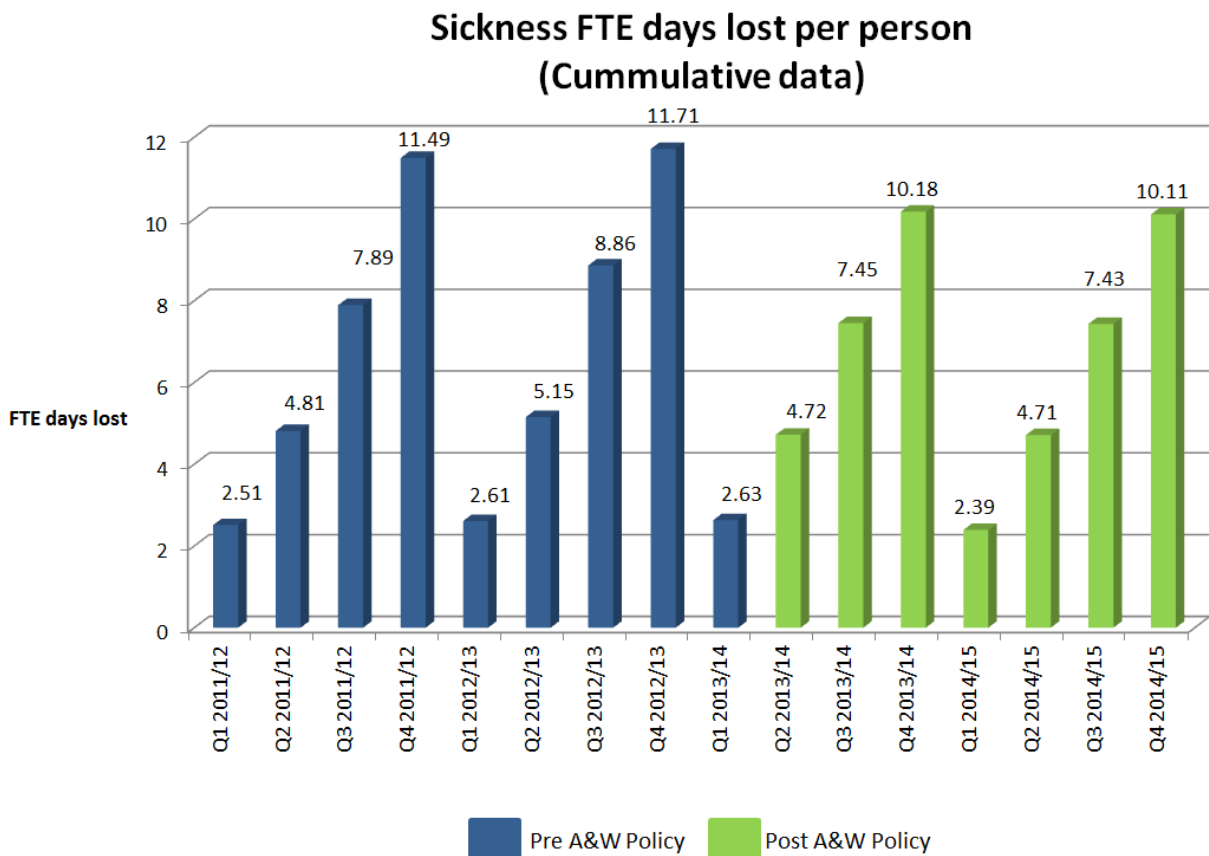
Issues

5. The revised Policy and the accompanying procedures (Appendix 1), if approved, will apply to all employees of the Council, irrespective of status

and/ or grade, except those employed directly by Schools. There will be a separate version of the Policy for schools based staff based on this policy that will be commended to School Governing Bodies. The reason for the separate version is the need to reflect the involvement of school governors with any dismissal that takes place in a school.

Impact of the Attendance & Wellbeing Policy

6. Since the introduction of the revised Attendance and Wellbeing Policy in July 2013 (Q2 2013/14) there has been an improvement in the overall sickness rates for the Council. For comparison purposes the number of FTE days lost for the 12 months before the introduction of the policy was 11.73 FTE days lost per employee and 12 months after implementation the figure reduced to 9.98 FTE days lost per employee. The chart below shows the FTE days lost per person since 2011/12, pre and post Attendance & Wellbeing Policy introduction.



7. The number of sickness dismissals had also increased over the years:

Sickness Dismissals	Long term Sickness	Short term Sickness	Total
2011/12	49	3	52
2012/13	50	3	53
2013/14	69	2	71
2014/15	69	10	79

Benchmarking of Data with Core Cities

8. Further work has been undertaken to benchmark our management of sickness and sickness absence levels with the Core Cities. More detailed information on this can be found in a report in Appendix 2. A summary of the sickness data for total FTE days lost per person is as follows:

	2010/11	2011/12	2012/13	2013/14	FTE 2013/14	Initiatives
Cardiff	11.45	11.49	11.71	10.18	11677	See para 11
Birmingham	11.72	11.67	12.4	10.7	13736.5	Employee Assistance Programme & earlier intervention
Bristol*	Not supplied	7.89	Not supplied	Not Supplied	7213 (Headcount)	Employee Assistance Programme
Leeds	11.78	10.56	10.6	10.34	13136	Corporate target introduced
Liverpool	8.29	7.8	9.75	8.74	2890.03	New triggers 6 months ago
Manchester	10.7	11.52	10.98	12.23	6581	Proactive support from HR to managers on short term absence, targeted intervention for major causes of absence, health checks and specific activities in areas with the highest absence
Newcastle	8.35	8.05	9.5	6.18	5322	24 hr counselling helpline. Directors run monthly sickness challenge meetings with their managers. Wellbeing at Work booklet and workshops
Nottingham	11.64	10.26	10.7	Not Supplied	5432.11 (2012/3)	Improving attendance roadshows
Sheffield*	11.54	12.19	11.42	Not Supplied	6364 (2012/13)	Improving managerial skills in tackling sickness absence

* Have outsourced waste services

9. As can be seen from the table the FTE varies greatly across the core cities. The most comparable authorities to Cardiff are Birmingham and Leeds. As can be seen in the table in 2013/14 the FTE days lost per person in Cardiff was lower than both Birmingham and Leeds, as well as Manchester.

Current Position

10. The Council wide target for 2014/15 was **9.00 FTE** days lost per person. This was a reduction of 11.6% on last year's outturn figure of 10.18 days. The final sickness outturn figure for 2014/15 is **10.11 FTE** days lost per person. Whilst the target was not reached, the figure is the lowest sickness level the Council has achieved. Also, significant improvements have been achieved by Children's and Environment Directorates who have met and exceeded the targets set.

Actions Taken and Initiatives in Place

11. Actions and initiatives taken outside of any policy review to emphasise the continued priority of sickness absence management include:

Management Accountabilities

- Directorate sickness absence compliance information is now included in quarterly Cabinet Performance reports.
- Directors have been reminded by the Chief Executive of their accountabilities and responsibilities in managing absence and a number were invited to attend Works Council meeting in December 2014 to update on progress.
- Inclusion of sickness absence management as a cascaded objective for all managers as part of 2015/16 PP&DR process.

Data Provision

- In addition to monthly reports provided to Directors and Head Teachers, detailing sickness absence data such as missed returned to work interviews, missed triggers and long term absence cases, more detailed sickness data is now available directly to all managers in respect of their teams in DigiGOV as part of a dashboard approach. Additional information to be made available shortly will include compliance with timescales for referral to OHS and numbers of no shows at OHS appointments.
- Extending the DigiGOV module relating to absence management to schools. To date, 97% schools are now using DigiGOV to record and monitor their sickness absence.

Stress Management

- Introduction of new Stress Control Programme and pilot of 1-to-1 Wellbeing sessions have been positively received and evidence shows that they have supported staff either to stay in work or assist with an early return
- As raised at Health & Safety Advisory Forum in March 2015, commitment to redesign the Stress Risk Assessment form in order to better support employees and managers by making it more user friendly and fit for this specific purpose.

Occupational Health Services (OHS)

- Recent discussion at Star Chamber challenge approach with Directors and Cabinet Members in relation to OHS which resulted in a number of improvements made to the OHS process e.g. introduction of a clinical audit of OHS reports, clarity over role of OHS and management responsibilities regarding referrals.
- The Employee Counselling Service, which transferred to OHS within HRPS on April 1 2015, is being monitored in terms of resource issues in order to assess current waiting times for appointments.

Directorate Initiatives

- Sickness Absence Management Action Plan initiative in place within Environment and Sports and Leisure Directorates around

weekly focus on sickness absence by Operational Managers, regular long term absence management monitoring meetings involving HRPS, managers and Management Team and rigorous monitoring. This approach is now being extended to other Directorates such as Communities.

Health & Wellbeing

- The Partnership for Change report, agreed as part of the 2015/16 budget includes developing the principle of supporting Health & Wellbeing into a wider strategy to better support employees. This will include commitment to pursue Welsh Government's Corporate Health Standard.
- Based on experience of core cities and other evidence e.g. CIPD Annual Survey report 2014, started to explore the viability of Employee Assistance Programmes to support the Well Being agenda and complement what is already in place.
- Health and Wellbeing is a key element of the Council's Workforce Strategy and Employee Charter, agreed by Cabinet on 2 April 2015
- Development of clear advice for staff regarding the use of e-cigarettes and commitment to update and refresh the current No Smoking Policy.
- Extension of the new mediation service available from within HRPS. This approach to alternative dispute resolution aims to restore and maintain the employment relationship wherever possible by focussing on working together to go forward. Where there have been workplace issues, this may assist someone from going on sick leave or help someone on sick leave return back to the work.

Summary of Key Changes Proposed

12. Although the overall target for the Council for 2014/15 was not met, improvements were secured in a number of Directorates ie Environment and Children's Services who met their targets. The Council wide target for 2015/16 remains 9 FTE days. On this basis, it is therefore proposed that no fundamental changes are made to the policy at this stage with the suggested changes designed to tighten up and further strengthen provisions within the existing policy, further clarity on responsibilities and accountabilities of all employees (especially managers) and adjusting some operational matters which have emerged since the policy was implemented in July 2013.
13. General tightening up proposed includes:
 - Building in a requirement that, in relation to work related stress, a meeting takes place with the employee as soon as possible to discuss issues and try to resolve prior to referral to OHS. Also made clear is the ability of the employee to request meeting with an alternative manager if the current manager is the perceived source of

the stress. The revised form referred to in paragraph 11 will assist this discussion.

- Clarifying those employees can return to work at any time without seeing their doctor in line with fit note rules. The RTW interview would address any reasonable adjustments.
- Ensuring that employees being referred to OHS understand from their managers beforehand that this is happening and why they are being referred
- Clarifying that employee compliance must include attending referrals to OHS and engagement with contact meetings plus improvements put in place to address “no shows” i.e. those who simply do not turn up and provide no explanation.
- Putting in place a clear and consistent process to be used for potential dismissal meetings in both the short term and long term absence process.

Short Term Sickness Absence

14. As stated above, the review approach has been to strengthen and tighten up the policy so it is not proposed to significantly change the triggers stages within the policy. The first change is to add in that Stage 1 is triggered by ‘1 additional absence of 6 calendar days or more within the 8 month period’. This brings this stage in to line with Stages 2 and 3. Clarification has been added into Stage 2 and 3 that the ‘additional absence of 6 calendar days or more’ needs to be within the period of the caution. In Stages 2 and 3 it says that failure to achieve and sustain performance can trigger the next stage and it has been clarified that this will be the case where an employee has 2 absences in a six month period during the period of the caution.

Long Term Absence

15. In respect of Long Term sickness absence there are no proposed major changes to the policy or the way that this is managed at this stage. The changes proposed are to ensure clarity of the process, which includes:
 - contact “visit” changed to contact “meeting” to better reflect that it is 2 way flow of communication and information and made clearer that alternative location to home can be made for the meeting.
 - removal of reference to a formal case conference. This is no longer required as cases are subject to ongoing review in addition to that which takes place at each contact meeting.
 - clarification that refusal to attend or non-attendance at OH appointments and contact meetings may result in suspension of sick pay.
 - Where advice is needed on whether someone is fit to attend meetings with management, employees should be asked this first by their line manager and only where they are not sure or say that they are not well enough should they be referred to OHS for a view

- Those referred to OHS must notify if they are unable to attend at the earliest opportunity and no less than 3 working days prior to the appointment.
- In cases where an employee gives no notice of non attendance, the matter will be referred back to the relevant manager to take the matter up with individual concerned. Refusal or failure to attend 2 appointments (without notice of non attendance) will result in pay being stopped and disciplinary action may be taken.
- Inclusion of specific requirements for actions required of managers following receipt of OHS reports.
- Inclusion of an example where triggers can be relaxed e.g. employee undergoing treatment and may wish to return to work between treatments rather than be on continuous long term absence.
- Made explicit that communication should also be maintained with employees who are sick whilst on suspension.

Wales Audit Office Recommendations Relating to Management of Sickness

16. Supplementary to the full Corporate Assessment, WAO undertook a review of how sickness is managed across the Council. In December 2013, they reviewed the Council's corporate arrangements and their implementation across Directorates in order to consider:
 - Whether corporate arrangements are sufficiently robust to bring about a reduction in sickness absence?
 - Are policies being implemented effectively at Directorate level?
 - Are review arrangements driving improvements?
17. In addition to reviewing a range of Council documents and interviewing HR and managers from all Directorates, they also reviewed the data capture systems and management information available both corporately and to managers. Their conclusions were that although the policies & procedures for managing absence are based on positive practise models, they are not being applied consistently at Directorate level. WAO have therefore proposed the following which has been taken into account in the review:
 - Directors needing to clarify their expectations of how managers should use and report on sickness targets – more accountability and challenge within and across Directorates .
 - Making existing sickness absence data more widely and routinely available for all managers as part of their “dashboard”
 - Review of the central sickness team within HRPS and ensure that good practice examples of managing absence are shared across Directorates.
18. The issue of accountability and challenge is being cascaded by the Chief Executive to all managers. The inclusion of a specific 2015/16 sickness management PP&DR objective for all managers further supports this. A number of Directorates e.g. Environment and Sports & Leisure have also

put in place Sickness Management Action Plan approach which is routinely monitored by the Management Team. As stated earlier in the report, dashboard information has been made available directly to all managers through DigiGOV and further information regarding OHS referral information including “no shows” will be provided from June. Positive feedback has been received from managers and Star Chamber Challenge meetings regarding the work, support and impact of the central sickness team within HRPS and good practise examples about case management and strategies are being extended to other Directorates.

Development of Managers

19. A theme highlighted by the WAO report and confirmed as part of consultation were issues around consistency of policy application by managers. Whilst there were many examples of managers who applied the policy in a consistent and fair way, the Trade Unions continued to highlight examples of where this was not always the case. Whilst the Cardiff Manager Programme and specific skills based training courses are facilitated by the Academy, there is limited capacity to offer specific training in this area. Consequently, it is proposed that the current Attendance & Wellbeing e-learning module will be refreshed and updated and it would be a mandatory requirement for completion by all those who manage staff. Compliance with this requirement would be regularly monitored at a senior level.

External Review

20. The proposed revisions have been subject to an external review by Association of Public Service Excellence (APSE). The APSE review has provided external validation and compared the Council's updated policy proposals against industry best practice. They have confirmed that the content and approach of the revised A&W policy is comprehensive, in line with good practise and principles. They have made some suggestions in terms of format and content which have been taken into account in the revised policy attached. They too have commented on the need to focus on management capability, compliance and the need for accountability. They have also made a number of suggestions including the development and implementation of a Health & Wellbeing Strategy, which aligns with the Council's intentions already highlighted within the Partnership for Change Agreement, Workforce Strategy and Employee Charter.
21. Policy Review and Performance Scrutiny Committee considered the changes being proposed at their meeting on 2 June 2015. Their response is attached as Appendix 3. In summary, whilst they acknowledged that the direction of travel relating to sickness management is in the right direction, there still remains some way to go. They expressed support for the work of the HRPS Central Sickness Team and confirmed the policy changes proposed in particular those relating to Occupational Health Service appointments, relaxation of trigger points for example where an employee is undergoing treatment,

mandatory requirement for all managers to complete the e-learning module, etc. They have made a series of suggestions as to what could be considered as part of the next review, should sickness absence plateau rather than reduce further.

Special Leave

22. As Special Leave is part of the Attendance & Wellbeing Policy, a number of comments have been received as part of the consultation process. Whilst a number of these are clarification points, a number of policy issues have been raised regarding time off for Election duties, time off for interviews (mainly but not exclusively from schools) and these require further consultation with stakeholders. The outcome of this will be reported to Cabinet in July.

Equalities Impact Assessment

23. An Equalities Impact Assessment has been carried out on the updated Attendance and Wellbeing Policy and this has identified that the policy and statistics should continue to be monitored.

Reasons for Recommendations

24. To strengthen the policy in order to improve the management of sickness absence in the Council thereby reduce costs and ultimately save jobs.

Legal Implications

25. The management of sickness absence must have due regard to employment law implications generally and particularly in respect of disability discrimination and unfair dismissal legislation. It is considered that the proposed Policy is consistent with the legislation.
26. A Sickness Absence Policy is vitally necessary to ensure legal compliance combined with the effective management of absence. However it must also be remembered that each case of sickness absence will have its own particular set of circumstances. There will be a legitimate expectation that a policy will be adhered to in most cases but under the law a policy can never be regarded as absolute in its application.

Financial Implications

27. The report proposes a number of measures to strengthen the policy in order to improve the management of sickness absence in the Council. Any reduction to sickness levels and paid absences as a result of these changes would reduce the opportunity cost of staff absence and provide increased capacity in terms of working hours. It would also reduce the cost of staff agency or temporary cover where these are necessary to maintain services during periods of sickness absence. This would also apply to schools but only if the policy is adopted by school governing

bodies. Any costs or management time associated with implementing the policy will be met by directorates from existing resources.

HR Implications

28. This review of the policy will further strengthen the Council's approach to dealing with sickness absence. Whilst the corporate target for sickness absence for 2014/2015 was not achieved, there were a number of Directorates who achieved their targets.
29. A significant amount of consultation has been carried out again during this review with Directorate managers, Head Teachers, the 5 employee networks and the Trade Unions on the proposed changes. Throughout the period, the proposed policy has been amended to reflect comments and suggestions, where possible. The Trade Unions again raised the issue of the policy being consistently and properly applied by all managers. It is clear that whilst a lot of work has been carried out in managing sickness levels, the issue of compliance with the policy by managers is still an area of concern. This has been addressed in the policy review with the manager responsibilities in Section 1 being strengthened and a mandatory e-learning refresh for all managers.
30. A review of the Council's Disciplinary policy is currently underway and is due to be considered by Cabinet in July. A number of recommendations relating to the link between disciplinary investigations/processes and sickness absence have been identified. The Attendance and Wellbeing Policy has been updated to make explicit some of the more straightforward areas highlighted e.g. need to communicate with those on suspension; rather than immediate referral to OHS where advice is needed on whether someone is fit to attend meetings with management, employees should be asked this first by their line manager and only where they are not sure or say that they are not well enough should they be referred to OHS for a view. However the whole issue of sickness absence management during Disciplinary Investigations will require further discussion and supplementary guidance.

Trade Union Comments

31. Trade Unions have been consulted on the proposals. Their preference was to leave the current A&W policy in place for the time being and to drill down and further analyse the data so that any patterns, hot spots, etc. could be identified and addressed and that managers apply the provisions of the policy fairly and consistently.
32. Comments have been received from the Trade Unions and Employee Equality Networks about the availability of the Employee Counselling Service. At the moment employees can call between 9am and 5pm Monday to Friday to book an appointment for counselling. There is no access to telephone counselling and there is currently a 4 week wait for an appointment. For Cardiff staff, 1.5 Counsellor posts and a 0.5 admin resource transferred to HRPS on 1 April 2015 and are based within the OHS team at Nant Garw. Resources available and waiting lists will be

monitored to try and address the current waiting time for staff and this will continue throughout 2015/16. The Trade Unions are also supportive of the stress control programmes and associated 1 to 1 Wellbeing support pilot sessions which have been provided and are keen that a rolling programme of this type of provision be put in place.

33. The Disability Network have suggested that it would be useful for managers (and employees) to be trained in understanding and dealing with Mental Health issues in the workplace. There is e-learning available regarding this as well as external organisations that will deliver training on this. Another suggestion from them regarding training was that it would be useful if other colleagues were trained where employees in their teams are prone to seizures, diabetic hypes, etc. The Network has said that there are such courses available in Wales. These suggestions will be considered in the future. Reference to Time for Change (Welsh Government initiative), raised previously, will be explored as a way of providing support for employees experiencing mental health issues.
34. Some of the Teaching Trade Unions have made representation that the provisions of the policy are not fully suited to the working arrangements within schools.
35. The Cabinet needs to consider the draft policy in light of these views.

RECOMMENDATIONS

Cabinet is recommended to:

1. approve the revised proposals in relation to the Attendance and Wellbeing Policy, attached at Appendix 1 and note that proposals regarding Special Leave changes will be considered by Cabinet in July 2015.
2. agree that the policy should be commended to School Governing Bodies for adoption and that all avenues should be rigorously explored to ensure that they adopt the policy.
3. agree that the policy be implemented with effect from 1 July 2015.
4. agree that the implementation of the revised Attendance & Wellbeing policy arrangements be monitored and be subject to review following a further 12 months of operation.
5. agree that a Health & Wellbeing Strategy be brought forward, following due consultation, to a Cabinet meeting in the Autumn.

CHRISTINE SALTER

Corporate Director Resources

5 June 2015

The following Appendices are attached

Appendix 1 - Updated Attendance and Well Being Policy

Appendix 2 - Core City Benchmarked Information

Appendix 3 - Response from PRAP of 2 June 2015)

The following Background Papers have been taken into account:

- Equality Impact Assessment
- APSE Review of Proposed Changes to A&W policy
- WAO Review of Sickness Absence Management Arrangements
- Full schedule of details of all proposed changes to A&W policy



ATTENDANCE AND WELLBEING POLICY

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CONTENTS

SECTION	CONTENT	PAGE
1	Introduction,	3
	<ul style="list-style-type: none"> • Roles & Responsibilities • Purpose • Who is covered by this Policy? • Key Principles 	3 5 5 5
2	Employee Wellbeing Commitment	6
3	Special Leave	7
	<ul style="list-style-type: none"> • Purpose • Key Principles • Provisions • Unpaid Parental Leave 	7 7 8
4	Sickness Management Procedures	13
	<ul style="list-style-type: none"> • Key Principles • Notification Requirements • Sickness & Annual Leave • Sickness Related to 3rd Party Accidents • Resumption of Duties • Suspension/ Recovery of Sickness • Plastic/ Cosmetic Surgery 	13 15 17 18 18 18 19
5	Frequent/ Persistent Absence	20
	<ul style="list-style-type: none"> • Return to Work Interviews • Short Term Absence Triggers • Informal Support Stage • Stage 1 • Stage 2 • Stage 3 	21 22 22 23 25 26
6	Managing Long Term Absence	27
	<ul style="list-style-type: none"> • Contacting Employees 	28
7	Medical Examinations	30
	<ul style="list-style-type: none"> • Referral to Occupational Health • Action on OH Reports 	31 32
8	Sickness Appeal Procedure	37
Appendix 1	Guidance on Disability Related Absences and Reasonable Adjustments	38
Appendix 2	Guidance on Action in Particular Cases	43
Appendix 3	Guidance on Critical Illnesses	45
Appendix 4	Guidance on Mental Health Conditions	52
Appendix 5	Useful Contacts	56
	Attendance and Wellbeing Toolkit	Ref
	Frequently Asked Questions	See toolkit

SECTION 1 - INTRODUCTION

Introduction

- 1.1 The Council considers the health and well being of its employees important, and is committed to providing a high quality working environment for all employees. The Council aims to promote a positive approach to maximising attendance through work life balance and health promotion.
- 1.2 The Council is committed to help prevent and reduce absence levels, to respond effectively to actual and potential problems with service delivery, and also provide assistance to employees with health problems at an early stage. It is recognised that high levels of attendance contribute to the planning and provision of its service. The reduction of sickness absence levels will improve service delivery, increase employee morale, ensure the organisation is more competitive and increase job security. Sickness absence is an inevitable and complex organisational issue and should not be viewed in isolation but within the broad context of the Council's obligation to ensure the health, safety and well being of all employees and the organisational factors, which may affect sickness absence levels.
- 1.3 The reason for absence from work is not limited to sickness and health issues. Employees can experience non medical issues such as domestic problems, both short and longer term that make attendance problematic. It is acknowledged that, at times, employees need to take time off work due to personal illness or injury or other unexpected domestic emergencies. The Council provides appropriate paid (or in some instances unpaid) leave in such circumstances and expects its employees to respond by ensuring they take reasonable care of their health and attend work unless they are unable to do so. Attendance is regarded as an essential element of an employee's overall performance along with quality of work, output, attitude to the job, relationships, attention to safety and time keeping.
- 1.4 The Council aims to ensure that employees experiencing problems with attendance at work are supported, wherever it is both practicable and reasonable. Employees who are absent from work due to sickness will be treated consistently, with respect, understanding and sensitivity.

Roles and Responsibilities

- 1.5 It is important that everyone clearly understands their roles and responsibilities within this process.

Employee Responsibilities

- 1.6 All Council employees are responsible for:

- a. Attending work on a regular basis in accordance with their contract of employment
- b. Ensuring they read, understand and comply with this policy and procedure
- c. Fully co-operating with the requirements of this policy when they are in operation, including attendance at Occupational Health and contact meetings.
- d. Maintaining confidentiality at all times during any sickness proceedings, with the exception of any conversations which may be necessary with their Trade Union
- e. Behaving and acting in a way that is consistent with the Council's values of accountability, flexibility, openness, professional integrity, diversity, respect and working with others

Management Responsibilities

1.7 In addition to their responsibilities as employees, managers are also responsible for:

- a. Ensuring employees are aware of all relevant policies and procedures by whatever means are most appropriate.
- b. Establishing, demonstrating and consistently upholding standards of acceptable attendance.
- c. Fully understanding the Council's Attendance and Wellbeing policy and where it is implemented, applying it fairly, consistently and in a timely way.
- d. Completing the mandatory on-line training on the Attendance and Wellbeing Policy within the prescribed timescales .
- e. Seeking advice from HR People Services on all matters relating to attendance.
- f. Keeping adequate notes and records of all events and evidence to support the use of the policy. This is to ensure that there is a robust record to protect the Council if there is an Employment Tribunal claim and also to ensure the manager has sufficient notes to support any witness statement they are required to provide. Notes of meetings should be provided to the employee and signed by the employee and manager as an accurate record of the meeting.
- g. Ensuring that the Council's Attendance and Wellbeing policy is adhered to at all times including timescales, appeal rights, rights to representation, etc.
- h. Arranging any meetings and support required as part of the procedure, e.g. securing dates, despatching invitation letters people to attend stage interviews, contact meetings etc, organising administrative support to record the proceedings, send decision letters, etc.
- i. Contact the HR People Services Central Sickness Absence management team immediately to arrange a referral in cases of industrial accidents or occupational ill health.
- j. Contact HR People Services Central Sickness Absence management team immediately regarding work related stress conditions

- k. Regularly access information about compliance with the policy by their direct reports via DigiGov and ensure that non compliance is addressed
- l. The Council's Senior Management Team will monitor absence and compliance but this should also be a standing agenda item for Directorate management team meetings
- m. Maintaining confidentiality at all times throughout the process.

1.8 HR People Services responsibilities:

- Act as advisor to managers to ensure that the Council's Attendance and Wellbeing Policy is applied correctly.
- Provide all employees with information and advice as necessary throughout the process.
- Review and monitor sickness cases and outcomes and support managers to undertake any remedial action that may be necessary.
- Review and collate corporate monitoring data in relation to sickness for consideration by various groups, e.g. Senior Management Team, Works Council, etc.
- Support line managers to manage sickness cases of 4 weeks plus and cases of absence due to stress.
- Review the application of the policy and procedures in the light of operational experience.

Purpose

- 1.9 The attendance at work by employees is essential to enable the Council to deliver quality services to the citizens of Cardiff.
- 1.10 This Policy is intended to help and encourage all employees to achieve and maintain acceptable standards of attendance and aims to ensure a consistent and fair approach to the application of the Council's attendance requirements for all within the Council.
- 1.11 It is therefore essential that employees observe and abide by the requirements of this policy.

Who is covered by this Policy?

- 1.12 This Policy applies to all employees of the Council, irrespective of status and/ or grade, except those employed directly by Schools. There is a Policy for schools based on this policy that has been commended to school governing bodies.

Key Principles

- 1.13 The key principles related to Special Leave and Sickness Absence are detailed below in the relevant sections.

SECTION 2 – EMPLOYEE WELLBEING COMMITMENT

- 2.1 The Council aims to promote and encourage wellbeing at work. Wellbeing produces positive attitudes, engagement, motivation and innovative thinking. Wellbeing is an important factor in building employee engagement and is therefore a key management issue for the Council. The Council has an ongoing agenda in this area and is committed to continuing to address barriers to wellbeing as well as proactively identifying ways in which it can enhance employee wellbeing. This commitment is endorsed and fully supported by elected members, senior management teams and trade unions.
- 2.2 The Council already has in place a number of policies, services and initiatives designed to support employee wellbeing such as our in-house Occupational Health Service, Employee Counselling Service, Work Life Balance Policies, etc. In addition a range of health and wellbeing initiatives are implemented throughout the year to support employees.
- 2.3 Commitment to employee wellbeing is referenced within the Council's Workforce Strategy and Employee Charter and will be further demonstrated through the development and implementation of an Employee Wellbeing Strategy. This will set out the ways in which it will respond to employees physical, mental and psychological wellbeing needs. It will outline the role of senior managers, HR People Services, trade unions and employees in this agenda. It will also identify the ways in which we can continue to develop a culture that supports employee wellbeing, where employee wellbeing can flourish through the removal/reduction of barriers to wellbeing and implementation of systems and initiatives to proactively address employee wellbeing.
- 2.4 The Council will:
- continue to promote health and wellbeing through management policies, support services, information networks and health promotions, including initiatives such as smoking cessation, alcohol awareness, diet, exercise, self management, and by liaising with external agencies.
 - prevent, so far as is practicable, those circumstances detrimental to employee wellbeing or where such outcomes are for whatever reason unavoidable, respond with early support and intervention to limit the effects and promote recovery.

SECTION 3 – SPECIAL LEAVE PROVISIONS

PURPOSE

- 3.1 One of the Council's key commitments is to support the Work life Balance Strategy and in support of this, a range of flexible working policies and arrangements exist. These, in addition to the Council's annual leave arrangements, should provide sufficient time off to deal with the personal needs of most employees. However the Council recognises that there are times when employees will need short periods of time off work to deal with family and domestic situations.
- 3.2 The Council recognises that many areas of public service can only function through the good will of employers who agree to their employees having time off to attend to such duties. The Council wishes to encourage its employees to enter into public service, but must balance this with the needs of service users.
- 3.3 These provisions outline the reasons where special leave may be granted (over and above annual leave entitlements), and the number of days allowable.

KEY PRINCIPLES

- 3.4 Managers are responsible for ensuring that there is adequate provision for the needs of service users and therefore any of the provisions in this policy are subject to management approval. **They are not an automatic entitlement and any request will be subject to the needs of the Service.** To ensure a fair and consistent approach Managers must consult HR People Services prior to giving approval for other than routine special leave requests.
- 3.5 Employees requesting special leave must apply for approval through DigiGov (or the Special Leave application form for those without DigiGov access), as far in advance as possible taking into account the circumstances of the request.
- 3.6 These provisions are to deal with genuine requests for special leave and any abuse of the provisions will be dealt with under the Council's Disciplinary Policy. Where applications for special leave are frequent then managers should discuss this with the employee.
- 3.7 Where special leave is granted and the employee is entitled to claim an allowance for loss of earnings, the employee should claim and pay the allowance to the Council e.g. Jury Service. In such cases, advice should be sought from HR People Services.
- 3.8 Where special leave with pay is approved the daily amount payable will be the amount normally payable when an employee is taking annual leave.

Where special leave is for periods of less than a day then pro rata payments will apply. Unless stated otherwise special leave is with pay.

3.9 Where any of these special leave provisions could also be approved under other provisions such as the Parental Leave and Time Off for Dependants (both of which are unpaid) then the provisions of special leave would normally apply.

3.10 Frequently Asked Questions regarding Special Leave are available in the Attendance and Wellbeing Toolkit.

PROVISIONS

Reason for Leave	Further Details	Days Allowable (Paid unless otherwise specified)	Authority to approve
1. Bereavement	a. Death of immediate relative: Husband/ wife/ partner/ child/ parent*/ sibling*/ civil partner/ guardian/ dependant.	10 days. This may be extended in exceptional circumstances by Assistant Director/ Director	Line Manager
	b. Death of other relative:	1 day for day of funeral.	Line Manager.
	c. Death of a member of staff.	Leave to attend funeral. – for direct line manager or representative Other employees may request leave/ flexi	Line Manager.
2a. Domestic / Personal emergencies	Leave to deal with certain unexpected or sudden emergencies which are immediate, severe and/or tragic and to make necessary long-term arrangements. Some examples are: critical illness of family/ fire/ theft/ flood	Depending on the circumstances of the case, up to a maximum of 2 days leave for each circumstances	Line Manager
2b Dependant care arrangements	To make arrangements for care (not actually caring for) of dependants	Up to 1 day paid per instance This will be monitored and where it is shown to be excessive then limits over a period of time will be set.	Line Manager

		Guidance on this is available in the A&W Toolkit	
3a. Personal Medical appointments	<p>Authorised absence for medical reasons to attend e.g. GP, dentist, optician, etc.</p> <p>GP's, dentists and opticians often have extended hours and so employees should make every effort to make appointments outside of their normal working hours. Where this is not possible the appointment must be made for the start/ end of working hours</p>	<p>Where not possible to arrange an appointment outside of working hours time allowed for appointment and reasonable travel time. This is usually up to 2 hours, although extended reasonable time may be agreed. This will be monitored and where it is shown to be excessive then limits over a period of time will be set. Guidance on this is available in the A&W Toolkit</p>	Line Manager
	Hospital appointments/ OH appointments/ Employee Counselling Service	<p>Time allowed for appointment and reasonable travel time. This will usually be 2 hours, although extended reasonable time may be agreed. This may be extended to a maximum of 1 day in exceptional circumstances e.g. IVF treatment/ day surgery/ medical procedure. This will be monitored and where it is shown to be excessive then limits over a period of time will be set. Guidance on this is available in the A&W Toolkit</p>	Line Manager
3b. Dependant appointments	Accompanying dependants to attend a medical appointment at a hospital or GP which cannot be made outside normal working hours. (i.e.	Time allowed for appointment and reasonable travel time, this would usually be up to 2 hours, although	Line Manager

	<p>for circumstances where the relative cannot attend on their own).</p> <p>Accompanying dependants to non medical appointments e.g. social worker, care professionals which cannot be made outside normal working hours (i.e. for circumstances where the dependant cannot attend on their own). Where 2 employees working for the Council have the same dependant usually only 1 of them may claim this unless there are exceptional circumstances</p>	<p>extended reasonable time may be agreed. This will be monitored and where it is shown to be excessive then limits over a period of time will be set. Guidance on this is available in the A&W Toolkit</p> <p>Time allowed for appointment, this would usually be up to 2 hours, although extended reasonable time may be agreed. This will be monitored and where it is shown to be excessive then limits over a period of time will be set. Guidance on this is available in the A&W Toolkit</p>	Line Manager
4. Sporting /Cultural Events.	Employees who are selected to participate in representative sporting or cultural events at National/ International levels.	<p>Participants in representative events to be allowed to stay for the duration that they are actively participating in the event, up to a maximum of 5 days.</p> <p>Requests in excess of above may be considered in exceptional circumstances.</p>	<p>Operational Manager</p> <p>OM in consultation with HRPS</p>
5. Training	<p>Leave to sit approved examinations relevant to job plus examinations approved through post entry training scheme.</p> <p>Leave to attend personal graduation.</p>	<p>Time required to sit exam plus up to 3 days revision leave, maximum ½ day per examination.</p> <p>Up to ½ day.</p>	<p>Line Manager.</p> <p>Line manager</p>
6. Attendance at job	For jobs within Cardiff Council.	Time required to attend interview.	Line Manager

interview	Any other job interview.	Annual leave / flexi leave. (Paid leave will be given for the time required to attend interviews for employees under notice of redeployment/ redundancy)	Line manager
7. Public Duties	<p>Leave to attend official meetings/ mandatory training during working hours for employees who are</p> <ul style="list-style-type: none"> • members of Local Authorities; • appointed by a Govt. ministry, assoc. of local authorities or a local authority to serve on a Committee, Tribunal or panel; • Justices of the Peace; • School Governors; • Official Prison Visitors; • Any other body in accordance with Sect 50 of the Employment Rights Act 1996. • Special Constabulary 	Up to a maximum of 18 days p.a. for all categories (up to a total of 18 days aggregated over all categories listed).	Initial approval by Operational Manager. Subsequent requests for time off approved by Line Manager
	Military Service (Non Regular Forces).	Up to a maximum of 2 weeks per annum for annual camp.	Operational Manager
	Candidate in Local Authority, Parliamentary, Welsh Assembly or European Election.	One day's leave on polling day	Line Manager
8. Cardiff Council run Elections	Employees involved with election duties i.e. Senior Election Staff, Presiding Officers, Poll Clerks, Count Assistants and Assistants for the issue and opening of postal ballot papers.	1 day off with pay per election, subject to business requirements	Line Manager.

9. Volunteering Activities	Employees undertaking approved volunteering activities in accordance with Cardiff Volunteering Service www.vcscardiff.org.uk	Up to a maximum of 5 days (pro rata).	Operational Manager
10. Attendance at Court as a witness or a juror (not in connection with work)	Time required to attend court. (Employee must claim and pay to the Council any "loss of earnings" payable).	Time required attending court.	Operational Manager
11. Attendance at Court as a Defendant	Discretion to allow time off in exceptional circumstances.	Depending on circumstances.	Operational Manager
12. Unpaid Leave	Requests to take unpaid leave will normally be considered after the employee's annual leave allowance has been exhausted, and in appropriate circumstances (Employees in the Pension scheme should seek advice from the Pensions section). Each case to be dealt with on its own merits, with requests to be managed by Service Areas and advice sought from HR People Services.	Unpaid leave	Operational Manager (Requests beyond 5 days to be approved by Chief Officer and HRPS Officer, in consultation with Line Manager).
14. Adverse Weather	Non attendance due to adverse weather e.g. snow (See Severe Weather Conditions Guidance Note – 5.C.177)	Annual leave, flexi, unpaid leave or making up of hours	Line Manager

NOTE: Special leave provisions cannot cover all eventualities, and there will undoubtedly be exceptional circumstances where it would be appropriate to grant special leave. Where this is the case, managers should consult hr people services to ensure consistency.

Where leave is to be unpaid this must be confirmed in writing to the employee before any deduction from their wages takes place.

For the purposes of this policy 'Dependent' is defined as: a spouse, a child of the employee, a parent of the employee, a person who lives in the same household as the employee (excluding tenants, lodgers, live in employees e.g. nanny) or a person that reasonably relies on the employee for assistance.

UNPAID PARENTAL LEAVE

3.11 Under the Maternity and Parental Leave etc Regulations there is an individual right for a female or male parent to take unpaid time off work to look after a child or make arrangements for a child's welfare. Parents can use it to spend more time with children and strike a better balance between their work and family commitments.

3.12 For an employee to be eligible all of the following must apply:

- (a) they have one year's service with the Council
- (b) they are named on the child's birth or adoption certificate
- (c) they have or expect to have parental responsibility
- (d) they are not be a foster parent to the child (unless they've secured parental responsibility through the courts
- (e) the child is under 18

3.13 The entitlement is for each child and is for 18 weeks unpaid leave up to their 18th birthday.

3.14 There is a limit of 4 weeks per year that can be taken and the leave must be taken as full weeks rather than days. However, where a child qualifies for Personal Independence Payments it may be taken as days.

3.15 A 'week' is defined as the time worked over a 7 day period, e.g. and employee who works 2.5 days a week will have 2.5 days unpaid leave and a week will come off their entitlement.

3.16 Unpaid parental leave can carry over from previous employment. However, an employee needs to have one year's service to apply for the leave. Previous employers should be asked for information about the amount of parental leave taken where a new employee requests unpaid parental leave.

3.17 Employees should provide 21 days notice of their request to take unpaid parental leave, where they or their partner are having a baby or adopting a child notice should be given 21 days before the week the baby or child is expected.

3.18 Leave can be postponed if the relevant notice is not given. It can also be postponed where there is a significant business reason to do so. Within 7 days of the request, if it is to be postponed, a written explanation for the postponement must be provided and a new date suggested. Leave

should not be postponed where it's being taken by the father or partner immediately after the birth or adoption of a child.

3.19 Unpaid parental leave is requested via DigiGov and it will ask managers to confirm they have seen relevant documents to confirm eligibility. For non pc users there is a form in the Attendance and Wellbeing Toolkit for employees to make requests and their managers should then enter it onto DigiGov.

SECTION 4 – SICKNESS MANAGEMENT

KEY PRINCIPLES

4.1 It is the responsibility of managers to minimise absence through sickness, not only to ensure and maintain best quality service delivery but also to avoid disproportionate stress upon remaining employees. The management of sickness absence will be a key element in the [Personal Performance and Development Scheme](#) process for managers. Failure of managers to properly manage sickness absence could lead to disciplinary action under the Council's Discipline Policy and Procedure. There is a mandatory e-learning module for all employees who line manage employees.

4.2 To encourage good attendance, Directors should:

- provide good working conditions
- ensure health and safety standards are maintained
- carry out appropriate risk assessments including stress
- ensure all employees are aware of this policy and other relevant Council policies, e.g. [Dignity](#) at Work, [equality](#), [stress](#), etc.
- ensure managers are given appropriate training and support to operate policies effectively
- design jobs so that they give motivation and provide job satisfaction
- encourage teamwork

Employees must not attend work if their condition means that they could compromise their own, or others (e.g. colleagues, service users), health and safety.

4.3 This procedure deals with sickness absence and the effects it has on employees and the organisation. Any form of abuse of this procedure will be dealt with under the [Council's Disciplinary Policy](#).

4.4 Any cautions issued under this scheme will not be taken into account when a disciplinary penalty is being determined.

4.5 Each sickness case must be judged on its merits, and the individual circumstances of each case must be considered with understanding and sympathy. The importance of the operational effect of the absence must also be taken into account.

4.6 At all stages of the procedure, a proper investigation should be conducted into the circumstances of the absence and appropriate information gathered.

4.7 Work related factors, including the job itself, should be monitored by managers as part of this process to assess if they are adversely affecting attendance. Employees should raise concerns with their manager or HR People Services if they believe their job, or any circumstances connected

with their employment, is making them ill or contributing to illness. Employees should also advise their managers if they have any condition which is substantially affecting their ability to do their work. In such cases early referral to Occupational Health may be appropriate.

- 4.8 Employees must be advised by their managers of their right to be represented at all formal stages of this procedure by a Trade Union representative or a work colleague and that they have a right of appeal in relation to any formal action taken as a result of this procedure. Sufficient notice must be given to employees prior to any formal interview being convened. At the informal support stage an employee would not normally need to be represented but they may request it if they feel that the circumstances require it.

The routine Return to Work interview is excluded from these provisions.

- 4.9 Appropriate training will be provided to managers to achieve consistent and sympathetic treatment of all employees under this procedure. All employees must be made aware of the sickness procedures and their responsibilities.
- 4.10 This Policy will link in with other associated Council policies in relation to health and wellbeing. Whilst the Council will manage cases in accordance with the provision of these policies, the fact that sickness absence is as a result of a disability, work related or caused by substance misuse does not mean that appropriate action cannot be taken in these circumstances.
- 4.11 Employees will automatically be referred for a medical examination if the reason for their sickness absence is, Industrial Injury, work place injuries or Occupational Ill Health. (Industrial Injury is defined as ‘an injury that is the result of the work that someone does or an accident at work that happens to an employee while they are performing their job and is as a result of the employer failing in its duty to provide a safe work environment’). Referrals may also be made at any stage during this process, regardless of the duration of sickness absence. Such referrals must be made through consultation with HR People Services and the employee informed accordingly. In all of the above cases it is the manager’s responsibility to contact the sickness team immediately.

In the case of Work Related Stress managers should ensure that when an employee makes contact to report sick and state this as the reason that they try and ascertain more information about the situation and where possible seek to resolve the issue straight away. There are relevant questions in the First Call Checklist that is on page 5 of the Attendance and Wellbeing Toolkit. If the issue is not resolved straight away then a meeting with the employee should take place as soon as possible and will be facilitated by HR People Services. The meeting should look at constructive dialogue about the work place issues and additional information will be gathered in line with a stress risk

assessment. A referral will take place following this meeting if the employee has not returned to work. This is due to a high percentage of stress cases being linked to organisational issues rather than being medical. By meeting as soon as possible with the employee and discussing the issues and looking at the areas identified within the stress risk assessment document HR People Services, the manager and employee may actually resolve any concerns and the employee could return to work without requiring a referral. If it is not possible to be resolved in this way the details of the discussion and the stress risk assessment will provide Occupational Health with the required information to deal more effectively with the referral. Employees may request for someone other than their line manager to be involved in the meeting and if this is the case the Service Area should allocate this to another appropriate manager to liaise with HR People Services. Employees may be accompanied by a trade union representative or work colleague at the meeting.

Referrals may also be made where the employee expresses concerns about their health before they actually reach the point of reporting sick.

- 4.12 Communication with employees throughout any period of absence should be maintained by line managers. This will be managed through HR People Services for cases of stress or absences of 4 weeks plus. This communication should also be maintained with employees who are suspended and are also sick.
- 4.13 Return to work interviews must be carried out by the relevant manager after every incidence of sickness, preferably on the day of return but no later than 3 days after the return to work, unless work patterns dictate otherwise.
- 4.14 The Council recognises that a proactive approach to health and well being is the best mechanism for improving the attendance and performance of employees. It therefore is committed to developing such programmes on an on-going basis.
- 4.15 Employees who have more than one job with the Council and are absent from one job may only remain working in another job if the nature of illness does not impact on their capability to carry out the duties of their other job. Advice from HR People Services **must** be obtained in all sickness cases where an employee has more than one job with the Council and this includes where one post is a school based post.
- 4.16 Employees must not engage in any external work (paid or unpaid) whilst on sickness absence from the Council, without prior approval from their Operational Manager.
- 4.17 Any form of abuse of the requirements of the sickness procedure will be dealt with under the [Council's Disciplinary Policy](#).

SICKNESS NOTIFICATION REQUIREMENTS

4.18 Service Areas will ensure that all employees are aware of this policy, and the specific sickness notification requirements relating to their particular workplace. Reporting arrangements for employees who have varied work patterns is a matter for local determination but all elements of this process will continue to apply.

4.19 Employees need to fully comply with the procedure and any local reporting arrangements to be eligible to receive sick pay and this includes attendance at any occupational health appointments or contact meetings.

4.20 The provisions in relation to payment during sickness absence (except teachers) are:

During 1 st year of service	1 months full pay (26 days)
During 1 st year and after completing 4 months' continuous service	2 months half pay (52 days)
During 2 nd year of service	2 months full pay and 2 months half pay (52 days)
During 3 rd year of service	4 months full pay and 4 months half pay (104 days)
During 4 th and 5 th year of service	5 months full pay and 5 months half pay (130 days)
After 5 years of service	6 months full pay and 6 months half pay (156 days)

4.21 For teachers the provisions in relation to payment during sickness absence are:

During 1 st year of service	25 working days' full pay and (after completing four calendar months' service) 50 working days' half pay
During 2 nd year of service	50 working days' full pay and 50 working days' half pay
During 3 rd year of service	75 working days' full pay and 75 working days' half pay
During 4 th and successive years	100 working days' full pay and 100 working days' half pay

In recognition of the anxiety that a reduction in sick pay causes for employees on long term sick a service to provide signposting to relevant benefits and advice is to be set up at satellite locations. These will be communicated to employees in general but also specifically to employees before they are likely to go into half or nil pay.

FIRST DAY OF ABSENCE

- 4.22 On the first day of absence, the employee (or, in exceptional circumstances, someone acting on their behalf) must contact the relevant manager or nominated representative by telephone as soon as possible. This will be at least before the time stipulated by the Line Manager which will usually be before the scheduled start time for the employee. The manager should be advised of the start date of illness, nature of illness, likely duration, and any outstanding work commitments. This contact should be by telephone. If any employee has concerns about this process in relation to their access to a telephone or difficulty in using a telephone they should discuss these concerns with their manager and agree alternative methods of communication. There is a First Call Checklist on page 5 of the Attendance and Wellbeing Toolkit that managers should use to gather information from employees reporting sick. This form can then be attached to DigiGov when the absence is recorded. A copy of the form should be provided to the employee on request. If the Line Manager is not available when the employee calls in sick, the Line Manager will return the employee's call as soon as possible.
- 4.23 If the employee believes that their absence may have been caused by an accident or incident that happened at work, including alleged work related ill health, they should inform their manager who will arrange for an Accident At Work Form to be sent to them for completion. Where the reason for their sickness absence is perceived work related stress the manager should gather more information about the situation and where possible seek to resolve the issue straight away (see paragraph 4.11 for more details on this).
- 4.24 If an employee is taken ill at work and continues to be absent the next day, the manager must be notified on the first full day of absence by the time stipulated previously.

SECOND TO FIFTH DAY

- 4.25 The employee (or in exceptional circumstances, someone acting on their behalf) must maintain this contact each day thereafter for the next four working days or until a Statement of Fitness for Work from the General Practitioner is submitted. This reporting requirement may be varied by the manager depending on the information received on Day One. Examples of this can be found in the Attendance and Wellbeing Toolkit.

MORE THAN 7 DAYS ABSENCE

- 4.26 A Statement of Fitness for Work (previously known as a medical certificate) will be required on the eighth day of absence and should be forwarded to the manager or nominated representative. For continuing absences, further statements will be required. If a private Statement of Fitness for Work is requested at any time by the manager the cost will be reimbursed to the employee on provision of a receipt. Failure to provide

these statements despite two reminders will result in the absence being treated as leave without pay rather than sickness. Managers will be prompted by DigiGov where a Statement of Fitness for Work is overdue and DigiGov contains standard letters for managers to send. Managers must inform HR People Services of any extenuating circumstances to prevent unnecessary stoppage of pay.

SICKNESS AND ANNUAL LEAVE

- 4.27 Employees who are taken ill on annual leave must follow the normal sickness notification procedure, including the requirement to make contact with their manager on the first day of sickness absence and submit a Statement of Fitness for Work to cover the absence dated from the first day of illness if they wish to reclaim the leave.
- 4.28 Where an employee is on long term certified sickness and wishes to travel on holidays, they must inform their manager in writing of their intentions at least two weeks in advance. They should also provide written confirmation from their GP that they are fit to travel (ideally with an explanation of why they are fit for travel and not work) and that the holiday will not be detrimental to their recovery.
- 4.29 The European Working Time Directive allows employees to carry forward any annual leave which cannot be taken due to long term sickness absence. In this instance the calculation of outstanding leave will be based on the Statutory Entitlement to annual leave and bank holidays stated within the European Working Time Directive and not the Council's annual leave entitlements. Any annual leave and bank holidays already taken will be deducted from the statutory amount to determine the amount of leave to be carried forward. Where an employee comes back before the leave year ends, any outstanding annual leave wherever possible should be taken before the end of that leave year.
- 4.30 An employee on sickness absence can request to take leave whilst they are sick. This may occur where an employee is in half or nil pay. If a request is made then the employee will receive normal holiday pay (if they are in receipt of SSP the Council will offset the SSP against the holiday pay). This will not break the period of sickness for reporting purposes and will not lead to the absence being counted as 2 separate absences. There is no requirement for an employee to get a Statement of Fitness for Work to say they are fit as they are not being required to work.

SICKNESS RELATED TO THIRD PARTY ACCIDENTS

- 4.31 Where an employee is absent as a result of an accident where damages may be receivable from a third party, the Council will pay the relevant sick pay entitlement, subject to the employee undertaking to refund the total amount paid, or a proportion (dependent on the damages received) should the claim be successful. In such circumstances the employee

must take all reasonable steps to pursue the claim, which must include the sick pay received from the Council.

Where a full refund of the sick pay is made, the absence shall not be recorded for the purpose of calculating sickness entitlement or for trigger purposes. This will only happen once the refund has been received. If the refund is paid in part only, then the Council will decide to what extent the absence should be recorded against the occupational sick pay scheme. Advice on this issue is available from HR People Services.

RESUMPTION OF DUTIES

An employee who is sick may return to work at any time (including before the end of the Statement of Fitness for Work) without going back to see their doctor – even if the doctor has indicated that they need to assess them again. A suitable risk assessment must be carried out if requested by the employee or their trade union representative.

4.32 In order to assist in the organisation of work, employees must give the maximum possible notice to their manager of their return to work. Where specific rota schedules may be affected a period of notice may be agreed as a specific requirement.

4.33 It is the responsibility of Directors to ensure that there is a system within their Directorate to input sickness absence into DigiGov.

SUSPENSION/ RECOVERY OF SICKNESS ABSENCE PAYMENTS

4.34 Sick pay may be suspended if an employee abuses the Sickness Absence Procedure by:

- failing to provide relevant certification
- failing to report on the days/ times stipulated by the manager
- failing to attend 2 or more appointments with Occupational Health without giving prior notice
- refusal to attend/ non attendance at Occupational Health appointments (reasonable costs associated with travelling to occupational health can be reimbursed upon production of receipts)
- refusal to attend/ non attendance at contact meetings

Or is absent on account of sickness due to:

- deliberate conduct prejudicial to recovery
- misconduct or neglect
- active participation in professional sport
- working on their own account for private gain
- working for another employer (paid or unpaid) where they are able to access sick pay/ compensation from that employer

4.35 Where sick pay is suspended, employees shall have a right of appeal, through the [Grievance Policy](#).

PLASTIC OR COSMETIC SURGERY

4.36 Where plastic or cosmetic surgery is certified by a Medical Adviser indicating that such surgery is essential to the employee's health or wellbeing this is a valid reason for an employee to receive occupational sick pay.

4.37 If surgery is to be carried out without this certification then occupational sick pay will not be paid and arrangements for annual leave or unpaid leave must be made in advance. Statutory Sick Pay (SSP) would be payable and where annual leave is taken then pay will be offset against the SSP.

SECTION 5 - FREQUENT/ PERSISTENT ABSENCE

5.1 Frequent/ persistent absences are normally sporadic and are often attributable to unconnected, minor ailments. Absences of one day or less caused by pre-arranged appointments for doctors, dentists, hospital or physiotherapist etc, which are validated by an appointment card are not included, as these are covered by the special leave provisions (see Section 3). However, wherever possible employees should arrange such appointments outside working hours. **Sickness Absences of less than a full day will count as a full day's absence for the purpose of this Policy.**

5.2 On some occasions, Managers will be required to take action in line with the short term absence trigger stages when there is a pattern of absence or the frequency/ quantity of absence gives cause for concern. Managers should specify why the absences are causing concern. Examples of patterns of absences are:

- Sickness absence during School Holidays/ Christmas period
- Sickness absence immediately before or after Bank Hols/ Annual Leave
- Sickness absence on Fridays/ Mondays
- Sickness absence at other times of year (e.g. around deadlines, Inspections)
- Recurring dates
- Sporting events
- Always returning to work when going into half pay/ nil pay
- Sickness Absences that always last 5 days or are of a similar duration
- Sickness Absences that just miss out on triggers
- Repeatedly hitting informal stages
- Sickness absence resulting from frequent/ regular industrial accidents.

This list is neither prescriptive nor exhaustive and there is no set number of times that absences have to occur before it becomes a pattern. Where a pattern is observed this must be dealt with in a timely manner. Although some patterns may take time to become evident a manager should not normally need to look further than 2/3 years for a pattern to be identified. In relevant cases, Managers should consider whether it is appropriate to escalate the employee to the next trigger stage as set out in the Short Term Absence procedure.

5.3 There is no automatic entitlement to have any adjustments to the trigger stages for absences related to disability. Where an employee is disabled their absences should initially be counted for the purposes of the "triggers" for the stages below. However, whether they should subsequently be counted will be determined at the formal sickness absence trigger interviews and on receipt of medical advice (see Appendix 1 with regard to sickness absence related to disability and Appendix 3 regarding critical illnesses).

- 5.4 Pregnancy related illnesses will not be counted towards the trigger process. Where an employee is going through IVF then any absences linked to this after their eggs have been collected will not be counted towards the trigger process.
- 5.5 In order to calculate whether absences have automatically “triggered” a stage in this procedure, the relevant dates are the first day of the most recent absence back to the end date of the oldest absence in the time period, e.g. for the Informal Support Stage this would be the first day of the **second** absence in the six month period and the last day of the **first** absence. DigiGov will notify managers when employees hit triggers.
- 5.6 Managers must conduct any sickness absence stage interviews within 14 calendar days of the employee returning to work. If these interviews are not held promptly there is the possibility of further absences occurring which would have triggered later stages of the policy. It is not appropriate to miss out stages in the procedure and move to a further level. Employees must have been interviewed in accordance with this procedure, allowed a period of time for improvement where appropriate, before moving on to a next stage of the policy.
- 5.7 There is flexibility to refer employees to Occupational Health for a medical opinion at any point in this procedure.

RETURN TO WORK INTERVIEWS

- 5.8 The Return to Work interview is a key measure in supporting employees who have been unwell, controlling sickness absence, and identifying any underlying work related issues. It is therefore essential that managers undertake Return to Work interviews as soon as possible after employees return to work and within working hours. Compliance with Return to Work interviews will be reported to the Senior Management Team and all managers are responsible for ensuring that their direct reports comply with this requirement.
- 5.9 Irrespective of the length of absence, all employees, on their return to work, must report to their manager and their manager will complete a Return to Work interview.
- 5.10 Ideally the Return to Work interview should be on the day of return. However, if that is not possible, it should be held no later than 3 days following the return to work unless work patterns dictate otherwise.
- 5.11 The Return to Work Interview Form, including the discussion notes on the back of the form, should be completed at the Return to Work interview. The form is available on DigiGov to print off prior to the interview but is also in the Attendance and Wellbeing Toolkit. The purpose of the interview is for the manager to discuss and raise any concerns about the individual’s health, well being, recovery and overall attendance as well as

highlight any effect the absence has had upon the work of the section/unit. During the interview the manager should discuss or consider, as appropriate to the circumstances, the relevant issues listed below:-

- Enquire about the employee's well being and ascertain whether they have made a full recovery
- Bring the employee up to date on work related issues/developments during the absence
- Discuss whether there are any work related problems which may be connected to the absence/ and or whether the employee requires any support
- Discuss whether the employee's health is affecting their ability to carry out the job
- Consider whether the employee's illness could be regarded as a disability under the Equality Act 2010 and if so then a referral to Occupational Health may be necessary
- Consider referral to, or involvement of, the Occupational Health Service
- Discuss whether there are any adjustments required to enable the employee to carry out the duties of the post
- Remind the employee of the need for good attendance in order to maintain service provision, and the financial effect that absence has on the service area
- Advise of the possibility of the employee hitting an absence trigger
- Advise the employee of the help available through the in-house [Employee Counselling Service](#)
- Advise the employee of the Council's [Stress Management Policy](#) and any other appropriate policies.

This list is neither prescriptive nor exhaustive.

5.12 Managers are responsible for closing down absence records on DigiGov when an employee returns to work and also for recording the Return To Work Interview.

Managers may wish to follow a similar process to the return to work process where employees have been absent from work for other reasons, e.g. jury service, bereavement, personal emergencies, etc

SHORT TERM ABSENCE TRIGGERS

It is recognised that the majority of disabled employees maintain an excellent attendance record and that it should not be assumed that if an individual is disabled they are at a higher risk of sickness absence. Whilst the Council is committed to being supportive of individuals affected in this way and to implement reasonable adjustments, care must also be taken not to create a situation that can be abused and in turn be seen as unfair to other employees. Where sickness absence occurs, reasonable adjustments such as modification

to trigger points can be considered but this is not an automatic right under the terms of the legislation. Further advice on these should be discussed with HR People Services and the opinion of Occupational Health must be sought.

5.13 It is paramount that employees should be informed of their rights to representation at ALL formal stages by a trade union representative or a work colleague. At the informal support stage an employee would not normally need to be represented but they may request it if they feel that the circumstances require it. At each formal stage there is a right of appeal which is detailed in Section 8.

5.14 Managers should provide support to employees who are experiencing periods of sickness absence. However, it is not usually appropriate for the manager to offer advice related to personal, financial or domestic problems. The support referred to here is informal discussion and advice and not in-depth counselling which should be referred to a qualified counsellor e.g. via the [Employee Counselling Service](#), if this is what the employee wants as an outcome of the discussion. An employee can be referred to occupational health at any stage and so there could be consideration of this.

INFORMAL SUPPORT STAGE

5.15 Managers are required to meet with employees to discuss their attendance where:-

(a) there are 2 absences within a **6 month** rolling period

Or

(b) It is considered that the employee's **pattern of absence** is likely to lead to or is already causing difficulties - see paragraph 5.2.

Managers need to include the following when reviewing patterns:

- Failure to attend work – Absent Without Leave (AWOL) (this will need to be dealt with as it occurs)
- Special Leave

Managers need to take into account any reasonable adjustments agreed.

5.16 The absences should be brought to the attention of the employee concerned and discussed to determine if there is any underlying reason for the absence. If it is discovered that the individual has some problem relating to their work situation, which has resulted in sickness absence, then this must be discussed with a view to rectifying the situation. Managers should advise the employee that the next step in this process will be the formal stages of the procedure and that would be a written caution stage should there be further absences over the next 2 months or the pattern of absence causes concern.

5.17 The manager has a duty at this point to consider carefully whether it would be appropriate for an individual who has a record of sickness absence to work overtime or undertake stand-by duties until their attendance sufficiently improves. Where an employee has been sick then the sick days do not count towards the 37* hours required for the over time rate to be paid. They need to have actually worked 37* hours before they receive the enhanced over rate (*36 hours until 31/3/15).

STAGE 1 – FORMAL FIRST WRITTEN CAUTION STAGE

5.18 Managers are required to take action where following the informal support stage :-

(a) there are 4 absences within a **8 month** rolling period

Or

(b) 1 additional absence of 6 calendar days or more within the 8 month period

Or

(c) It is considered that the employee's **pattern of absence** is likely to lead to or is already causing difficulties - see paragraph 5.2. Managers need to include the following when reviewing patterns:

- Failure to attend work – Absent Without Leave (AWOL) (this will need to be dealt with as it occurs)
- Special Leave

Managers need to take into account any reasonable adjustments agreed.

5.19 The absences should be brought to the attention of the employee concerned and discussed to determine if there is any underlying reason for the absence. If it is discovered that the individual has some problem relating to their work situation, which has resulted in sickness absence, then this must be discussed with a view to rectifying the situation. Managers should advise the employee that the next step in this process will be the final written caution stage should there be further absences over the next 6 months.

5.20 The manager has a duty at this point to consider carefully whether it would be appropriate for an individual who has a record of sickness absence to work overtime or undertake stand-by duties until their attendance sufficiently improves.

5.21 The Stage 1 meeting will include a meeting (organised by the manager) involving the relevant manager, HR People Services, the employee and the Trade Union representative, where appropriate. The aim of this meeting is to ensure that all options have been considered.

- 5.22 Unless there are reasons under the Equality Act why it would be inappropriate, the employee concerned must be issued with a first formal written caution (the relevant documentation is available via DigiGov), advising of possible consequences.
- 5.23 The manager will place the employee under “Case Management” which will involve close monitoring of the situation. Each subsequent absence will be reported to the manager who will discuss the appropriate action to be taken with HR People Services.
- 5.24 The letter sent to the individual confirming the action to be taken should make absolutely clear that failure to improve the unsatisfactory absence record could lead to a further caution and that their future employment is at risk.
- 5.25 To allow an assessment of sustained improvement over a more realistic timescale, this formal written caution will remain valid for a period of 12 months. HR People Services should be consulted and involved from stage 1 onwards. Should a formal written caution not be issued due to consideration under the Equality Act, the Sickness Workflow will be reset accordingly.

STAGE 2– FINAL WRITTEN CAUTION STAGE

5.26 Managers are required to take action where following Stage 1:-

- (a) there have been 6 absences within a 10 rolling month period;
- Or
- (b) 1 additional absence of 6 calendar days or more within the period of the stage 1 warning, i.e. 12 months
- Or
- (c) an absence pattern emerges which causes concern - see paragraph 5.2. Managers need to include the following when looking at patterns:
- Failure to attend work (AWOL) (this will need to be dealt with as it occurs)
 - Special leave
- Or
- (d) the employee fails to achieve and sustain the required improvement during the period of the caution, i.e. they have 2 further absences in a six month period.

Managers need to take into account any reasonable adjustments agreed.

- 5.27 The employee will be required to attend a formal hearing when their future employment position will be reviewed.
- 5.28 The employee should be issued with a final written caution valid for 18 months. The employee concerned must be left in no doubt that they have been given a final opportunity to substantially improve and sustain their attendance, or there will be no alternative but dismissal in accordance with Council's procedures.
- 5.29 As part of the Stage 2 meeting and following the issue of a final written caution, there will be a meeting involving the relevant manager(s), HR People Services, the employee and the Trade Union representative, where appropriate, to ensure that all options have been considered and to see if any further action can be taken.
- 5.30 If it has not already taken place, a medical opinion **must** be sought from the Council's Occupational Health Adviser in respect of whether there are any underlying medical conditions that should be taken into consideration.
- 5.31 Where attendance levels have improved and been sustained as previously agreed, the manager in conjunction with HR People Services will consider ending "Case Management". Monitoring of attendance will then recommence under the trigger point arrangements previously outlined from a date to be determined by the manager and HR People Services. Should a final formal written caution not be issued due to considerations under the Equality Act, the employee will revert to Stage 1 of the Procedure and the Sickness workflow will be reset accordingly.

STAGE 3 – POTENTIAL TERMINATION OF EMPLOYMENT

- 5.32 Managers are required to take action if, following Stage 2, the employee has:
- (a) 8 absences in any rolling 14 month period
- Or
- (b) 1 additional absence of 6 days calendar or more within the period of the stage 2 warning, i.e. 18 months
- Or
- (c) fails to achieve and sustain the required improvement during the period of the caution, i.e. they have 2 further absences in a six month period.
- Or

- (d) an absence pattern emerges which causes concern - see paragraph 5.2. Managers need to include the following when looking at patterns:
- Failure to attend work (AWOL)
 - Special leave

Managers need to take into account any reasonable adjustments agreed.

CONDUCTING A STAGE 3 MEETING

5.33 The employee will be invited to a formal Stage 3 interview which will take the form of a hearing and be conducted by a more senior manager with a member of HR People Services present. The process is as follows:

- Letter sent recorded delivery to the employee giving them 14 calendar days notice of the meeting, informing them of their right to be accompanied by a trade union representative or a work colleague and advising them that a possible outcome could be termination of their employment. Where it is already known that the employee is represented then where possible dates should be pre-arranged with their trade union representative and the trade union representative would receive a copy of the letter.
- Copies of the paperwork to be considered will be sent to the employee with the notification letter and they will be given the opportunity to submit any paperwork 5 calendar days prior to the meeting
- At the meeting the employee's line manager will provide details of the sickness absence to date and the actions taken to date. The employee will be able to state their case and any factors they wish to have considered.

5.34 If absences are related to disability, managers should ensure no reasonable adjustment could have prevented dismissal (including discounting absence where recommended by occupational health/ HR People Services), that redeployment has been properly considered (if appropriate via the [Council's Redeployment Procedure](#)) and that dismissal is fully justified in accordance with this policy. ([See Appendix 1](#)).

5.35 The manager hearing the case will be able to question those involved in the case and will consider all representations before reaching a decision. The decision may be, but will not be limited to, one of the following outcomes:

- there is insufficient evidence that reasonable adjustments and/ or redeployment have been fully explored and so it is not appropriate to terminate the employee's contract and a timescale will be given for this to be carried out
- termination of employment with appropriate notice or pay in lieu of notice.

5.36 The decision may be given verbally at the conclusion of the meeting and will in any event be confirmed in writing within 5 working days of the meeting. Where termination of employment is the outcome the employee will be notified of their right of appeal.

SECTION 6 - MANAGING LONG TERM SICKNESS

- 6.1 Long-term sickness absence is defined as continuous sickness of four weeks or more and can usually be traced to a particular medical condition. Management responses to long term absence are determined on the basis of much firmer medical evidence with advice and support from HR People Services and Occupational Health. A central sickness team in HR People Services will support the management of any sickness cases that go beyond 4 weeks. The manager is an integral part of the process but HR People Services will lead on the management of the case.
- 6.2 It is possible that long term absence, by its nature, will stem from a disability within the meaning of the Equality Act. If this is the case specific advice should be sought from HR People Services. (See [Appendix 1](#)).
- 6.3 Each case, particularly of long term absence, must be assessed on its own merits with advice and support from HR People Services and Occupational Health. However, the Council cannot keep jobs open indefinitely and the underlying principle in dealing with long term absence must be to balance the Council's needs against the circumstances of the employee concerned.
- 6.4 Employees may be referred for a medical examination at any stage in this procedure. However, as it is recognised that early support can lead to an earlier return to work then this will be done by HR People Services after the first Contact Meeting (which should be arranged by the manager by the time the employee reaches 2 weeks absence). It should be discussed with the employee at the Contact Meeting that a referral to occupational health will take place should they remain absent for 4 weeks.
- 6.5 No two long term absence cases are the same, and managers will be supported with any long term absences cases by HR People Services who will manage the process.
- 6.6 Managers may not be able to accommodate indefinitely the consequence of an employee's long term absence and an assessment of this will need to take place following consultation with the individual concerned, HR People Services, Occupational Health and consideration of the service needs e.g. impact on the continuing sickness absence on colleagues' workload and flexibility of the unit.
- 6.7. When an employee is on long term sickness absence the case will be reviewed and there will be consideration of the most appropriate future action. Clarification can be sought at any time in this process from Occupational Health.

- 6.8 Where employees are on long term sickness and their condition and their work is such that they would be able to effectively undertake their duties from home, this may be arranged. The arrangement would be subject to the agreement of all parties and a risk assessment. Where employees carry out work from home under this provision, they will not be regarded as sick.
- 6.9 Where an employee is waiting to be seen by a consultant in relation to a medical problem and the appointment is unlikely to be within a reasonable timescale, Occupational Health may make arrangements for a consultant to examine the employee concerned and provide a report to the Occupational Health Adviser and the employee's GP. In such instances, the fee payable will be met by the Directorate.

CONTACTING EMPLOYEES ON SICKNESS ABSENCE

- 6.10 Appropriate contact with employees on long term sickness absence is particularly important. Effective dialogue should continue throughout the absence to enable managers to have a clear understanding of the individual's present health and future employment prospects, at all stages of the absence. Throughout this process, employees must always be informed that their employment is at risk. After 4 weeks absence HR People Services will coordinate this process. It is important that managers maintain contact during the first 4 weeks of absence.

CONTACT MEETINGS

- 6.11 As it is known that early support can lead to an earlier return to work then arrangements for a contact meeting (normally at the place of work) should be made when the employee reaches 2 weeks of sickness absence. Thereafter, meetings will be coordinated by HR People Services on a regular basis (at least every 6 weeks) but attended by the manager along with a member of HR People Services. It should be stressed that this is not in any way checking up on the individual. Additional contact can be maintained by telephone and should be encouraged. However, telephone contact should be additional, not a replacement for contact meetings unless in exceptional circumstances.
- 6.12 The contact meeting will be pre-arranged with the individual concerned. The employee may wish to be represented by a Trade Union during such a meeting. Arrangements should, as far as possible, be mutually agreed. Normally, meetings should be undertaken by the manager who will be accompanied by a representative from HR People Services.
- 6.13 If employees are not able to attend a contact meeting at their place of work then alternative arrangements should be made to use another venue, which could include their home or a neutral venue.
- 6.14 If, due to special circumstances, a contact meeting between the employee and the manager is not feasible, then regular contact should

be maintained through other means e.g. telephone, letter, e-mail, contact with relatives, etc.

6.15 The aim of maintaining contact/ undertaking contact meetings is to be constructive and positive and to:-

- keep in touch with employees who are absent
- establish the length of time the employee is expected to be absent and inform them if and when a referral to Occupational Health would be appropriate
- ensure the employee is aware of the Employee Counselling Service and how they can access it
- ensure that the individual is kept acquainted with developments at work and that they do not feel isolated
- enable managers to establish if the cause of absence is job-related
- ensure that the employee is aware of the position of their future employment and has received a copy of this policy

6.16 Managers conducting contact meetings should do so with sensitivity and take into account the possible stressful nature of the meeting. However contact with the employee is maintained, a record of the outcomes, information sought/ provided and other associated actions should be made on the contact meeting form.

6.17 At the first contact meeting, the employee should be advised that the next step will be a medical referral to Occupational Health.

SECTION 7 - MEDICAL EXAMINATIONS

7.1 The Council has the right to require an employee who gives cause for concern as a consequence of illness to undergo a medical examination at any stage with the Occupational Health Service. Occupational Health endeavours to review an employee within 10 working days of referral and where possible submit a medical report within 5 working days of examination. The Occupational Health Service can provide advice as follows:-

- The likely duration of sickness absence
- Where absence seems excessive in relation to the nature of the illness/ injury
- Where there is concern about recovery
- Whether there is a underlying reason for absence
- Whether the absence is due to a work related cause
- Adaptations to work activities or the working environment to enable an employee to continue to work in their substantive post.
- Suitable alternative employment where the employee cannot return to their substantive post.
- Rehabilitation after a period of absence
- When referral to an Occupational Health Physician is appropriate

7.2 Employees who have been absent through sickness and are still absent following a Contact Meeting will be referred to Occupational Health by HR People Services. Employees will automatically be referred for medical examination if the reason for their sickness absence is, Industrial Injury or Occupational Ill Health. For work related stress the manager must find out as much information as possible about the reason for the stress. A meeting will then be arranged for the employee, manager and HR People Services. At this meeting there will be constructive dialogue with the employee and the relevant areas on the stress risk assessment will be explored. It is the manager's responsibility to inform the HR People Services sickness team immediately where an employee is absent due to the above reasons in order for referrals to be made or a meeting arranged. An employee may request that this meeting takes place with someone other than their own line manager. Where this is the case a manager within the same service should be nominated.

Referrals may also be made at any stage during this process, regardless of the duration of sickness absence. Such referrals must be made through consultation with HR People Services and the employee informed accordingly. See paragraph 4.11 for further details on referrals for work related stress.

7.3 The Occupational Health Adviser may be available to assist with a contact meeting in exceptional circumstances.

- 7.4 Where an individual refuses to attend an appointment, the [Disciplinary Policy](#) will be invoked. At each stage, the request to undergo a medical examination should be repeated along with a request to the employee to give reasons for any refusal.
- 7.5 The employee must notify the Occupational Health Service at the earliest opportunity and no less than 3 working days prior if they are unable to attend an appointment, e.g. they are too ill to travel, etc. If an employee does not attend an appointment (without giving any notice of non-attendance) the case will be referred back to the manager. The manager will need to check with the employee the reason for non attendance and discuss with HR People Services the next steps. Failure to attend the 2nd appointment (without giving notice of non-attendance) or refusal to attend will result in a stoppage of pay and disciplinary action may be taken. The Occupational Health service must notify the relevant manager and HR People Services of an employee's non-attendance.
- 7.6 If the employee has specific or real concerns about attending a medical examination or seeing a particular Occupational Health Adviser, the Council should take this into account and will be flexible to try to overcome these concerns.
- 7.7 The Council will take account of the Occupational Health Adviser's or Occupational Physician's report in making any decision in relation to an employee. Employees can request that they are provided with the opportunity to see a report before it is sent to their manager and this can be covered at the OH examination meeting. Whilst they may raise any concerns they have about accuracy, this does not give them the right to re-write the report
- 7.8 Occupational Health reports will be sent directly to the manager via DigiGov for them to liaise with HR People Services.

REFERRAL TO OCCUPATIONAL HEALTH

(Please read in conjunction with [Appendix 2: Action in Particular Cases](#))

- 7.9 All employees on long term sickness absence should be referred to the Council's Occupational Health Service immediately after the first Contact Meeting for long term absence or when they hit Stage 2 of the short term triggers.
- 7.10 **Managers need to provide as much information as possible to HR People Services so this can accompany the Occupational Health referral and detail any specific issues they would like a medical opinion on. The referral MUST be discussed with the employee so that they are clear about the reason for referral.** Employees are able to request a copy of the referral form.

7.11 A medical referral may be sought in the following circumstances:

- Immediate referral in cases of industrial accidents and occupational ill health
- Referral for work related stress following a meeting with the employee to discuss the contributory factors and reach a resolution to any non medical organisational factors. This meeting must be arranged as soon as it is known that the absence is linked to work related stress
- When advice is needed on the likely duration of the sickness absence and an indication of when a return to work is anticipated;
- To provide an opportunity for confidential support and advice to employees affected by ill health or other wellbeing issues
- Whether an earlier return to work could be achieved on a part time or phased basis or to a different job, etc
- When the length of absence appears to be longer than would be expected in relation to the illness or injury
- When there appears to be serious doubt whether the employee will recover sufficiently to resume their duties
- Whether there could be an underlying reason for the level of absence
- Where the employee expresses such concerns before they actually reach the point of reporting sick
- For advice on whether the Equality Act 2010 is likely to apply and whether reasonable adjustments are required
- When advice is needed about whether employees are fit enough to attend meetings with management/ hearings as prompt resolution is in everyone's interests (however, employees should be asked if they are able to attend first by the manager and it is only where they are unsure or say they are not well enough to attend that a referral to occupational Health should be made)

Reasonable costs associated with travelling to Occupational Health appointments will be re-imbursed to employees upon provision of a receipt. Employees should discuss with their manager whether travel can be organised via the service area.

7.12 Further referrals by HR People Services will take place as advised by Occupational Health. Further referrals should be to ascertain whether a return to work in the near future is likely.

7.13 The Council will need to assess future employment capability taking into account at least:

- the medical advice received
- the likelihood of the current level of absence occurring or some other illness arising
- the length of the various absences and periods of good health in between

- the impact on those who work with the employee and the overall effect of the organisation
- the likelihood of suitable alternative employment being found or accepted.

ACTION ON OCCUPATIONAL HEALTH REPORTS

7.14 The Council's Occupational Health Adviser will give an opinion on the individual's fitness for work. HR People Services and the manager should at the earliest opportunity meet with the employee to discuss the report. The manager must contact the employee within 7 calendar days of receiving the report to arrange this meeting. The meeting should be confirmed in writing with a copy of the report enclosed. Employees have the right to be accompanied at this meeting by a trade union representative or work colleague. .

7.15 There will usually be one of **5 options** indicated in relation to the employee referred:

Option 1 - Fully fit to resume Duties

7.16 Where the occupational health report states that the employee is fully fit to resume duties, when HR People Services and the manager meet with the employee they will request that the employee to return to work. This can happen even where they are still covered by a Statement of Fitness for Work.

7.17 If it is considered justified for therapeutic reasons, the employee may return on a phased return to work for up to a month with the actual working arrangements being agreed with the manager and employee with advice from HR People Services.

7.18 The situation will be reviewed after a month's phased return and if the manager after consultation with HR People Services and Occupational Health considers it necessary, the period may be extended by a further month. The maximum period for any phased return will be 2 months.

7.19 Where an employee is undergoing a phased return, they will receive normal pay during the period in question.

7.20 It is reasonable for the Council to rely on the opinions and recommendations of Occupational Health regarding whether an employee is fit to return to work. Where there is a potential conflict of opinion then each case will be considered on its merits. If necessary this may mean a further referral back to Occupational Health for a further opinion and to determine whether any additional measures or actions are required.

Option 2 - Unfit to return at present, but likely to be able to return within reasonable timescale.

7.21 The employee will remain sick but the case will continue to be closely monitored by HR People Services to ensure that there is the possibility of a return to work within a reasonable timescale.

Option 3 - Unfit To Return to Full Duties of their Substantive Post

7.22 Where employees are deemed unfit to return to the full duties of their post on a long term or permanent basis, consideration must be given to the three options listed below. While the options are being explored, the position with the sickness must be kept under constant review, with regular support continuing. At appropriate intervals, further medical referrals should be made to re-consider the options.

(i) *Rehabilitation Within their Substantive Post*

Rehabilitation within their post may take the following forms:

- (i) A phased return to work (See paragraph 7.17 above)
- (ii) Part time working either shorter hours or limited days per week on a long term basis, with subsequent reduction in pay
- (iii) Changes to work practices

Any rehabilitation to the current job must be done in conjunction with any medical advice received and HR People Services.

It should be clearly specified whether any rehabilitation is on a temporary or permanent basis. Where it is on a temporary basis, the time constraints should be clearly communicated to all parties.

Any rehabilitation agreement should be reviewed on a regular basis until such time as the employee and manager do not feel it is necessary.

There may be a need to seek external specialist help e.g. Disability Advisers from Access to Work, to help to provide advice and guidance (see Appendix 5 for contact details).

(ii) *Redeployment*

Recommendations for redeployment must be based on medical grounds as advised by Occupational Health.

If medical redeployment needs to be sought, the employee must complete the relevant form and apply for inclusion on the Redeployment Register in accordance with the Redeployment Policy which only gives an employee 12 weeks to find suitable alternative employment. Where the employee is suffering from an illness that falls under the provisions of the Equality Act 2010, consideration should also be given to redeployment to higher graded jobs ([refer to Redeployment Policy & Procedure](#)). Where a post is identified as a possible redeployment

opportunity HR People Services will seek advice from Occupational Health on the individual's likely fitness for the role..

Where an employee is not eligible for redeployment on medical grounds managers may contact HR People Services to discuss redeployment on others grounds as per paragraph 2.2c of the Redeployment Policy which states: 'Employees need to be moved from one work environment to another either for service essential reasons or other exceptional circumstances'.

(iii) Mutual Termination of Contract and Early Release of Pension Benefits

Mutual termination of contract occurs where both the employee and the manager agree that employment should cease. Where the employee is eligible under the pension regulations, consideration will be given to an early payment of pension benefits. This will involve a reduction in the benefits payable because of the early release which must be agreed by the employer. This may involve an assessment by Occupational Health.

Option 4 – Unfit to Return to Work for the Forseeable Future

7.23 The Council cannot keep jobs open indefinitely and if appropriate, HR People Services, in conjunction with the manager, will initiate proceedings to consider dismissal on the grounds of long term ill health. Before proceeding, given the sensitivity of the situation, a case conference will be convened by HR People Services with the manager.

7.24 Prior to dismissal, the Council should seek to redeploy and offer suitable alternative employment where available. This will be important where the cause of the individual's absence is disability related. Under the Equality Act this could mean either making significant alterations to a disabled person's original job to prevent "substantial disadvantage" or redeployment to a more suitable position.

7.25 Dismissal on the grounds of long term but not permanent ill health is distressing for both employer and employee. However, the Council has a duty to efficiently maintain its services and cannot therefore sustain indefinite long term absences.

7.26 To contemplate dismissal, HR People Services and the manager must have provided the employee with previous specific cautions that their employment is at risk. The first such caution, where appropriate, should take place after the Occupational Health Service referral and report.

7.27 The employee will be invited to a formal meeting which will take the form of a hearing and be conducted by a more senior manager with a member of HR People Services present. The process is as follows:

- Letter sent to employee giving them 14 calendar days notice of the meeting, informing them of their right to be accompanied by a trade

union representative or a work colleague and advising them that a possible outcome could be termination of their employment. Where it is already known that the employee is represented then where possible dates should be pre-arranged with their trade union representative and the trade union representative would receive a copy of the letter.

- Copies of the paperwork to be considered will be sent to the employee with the notification letter and they will be given the opportunity to submit any paperwork 5 calendar days prior to the meeting

7.28 At the meeting the employee's line manager will provide details of the sickness absence to date and the actions taken to date. The employee will be able to state their case and any factors they wish to have considered.

7.29 If absences are related to disability, managers should ensure no reasonable adjustment could have prevented dismissal (including discounting absence where recommended by occupational health/ HR People Services), that redeployment has been properly considered (if appropriate via the [Council's Redeployment Procedure](#)) and that dismissal is fully justified in accordance with this policy. ([See Appendix 1](#)).

7.30 The manager hearing the case will be able to question those involved in the case and will consider all representations before reaching a decision. The decision may be, but will not be limited to, one of the following outcomes:

- there are insufficient grounds to terminate the employee's contract under this policy and further consideration should be given to the possibility of reasonable adjustments, e.g. allowing a longer period for recovery
- further consideration given to redeployment
- consideration given to requesting ill health retirement, where supported by medical evidence
- termination of employment with pay in lieu of notice.

7.31 The decision may be given verbally at the conclusion of the meeting and will in any event be confirmed in writing within 5 working days of the meeting. Where termination of employment is the outcome the employee will be notified of their right of appeal.

7.32 If a meeting is arranged and an employee is not able to attend, HR People Services will attempt to re-arrange the meeting within the next 5 working days, at a mutually convenient time.

7.33 If a second meeting has been arranged with an employee but, for example, due to the health of the employee cannot attend, a decision will be taken in their absence as outlined in paragraph 7.30.

7.34 Following dismissal on the grounds of long term ill health:

- (i) If after their appeal and notice period, an employee subsequently regains fitness to work, the Council could consider giving prior consideration to re-employment as close to their earlier grade and nature of work as possible;
- (ii) If an employee in the pension scheme is subsequently found to be permanently unfit without regaining fitness to work, under the provisions of the Pension Regulations they may be entitled to a pension based on ill health retirement (early payment of deferred pension benefits).

There is the right of appeal against termination of contract on the grounds of long term not permanent ill health and this will follow the Sickness Appeal process detailed in Section 8.

Option 5 - Possible Ill Health Retirement

7.35 Where an employee is declared unfit to resume duties in the long term, if they are a member of the Local Government Pension Scheme, they can request that their case is reviewed to see whether they would be eligible for ill health retirement. There are 3 tiers of ill health retirement and if an Occupational Health Physician, deems that the employee is permanently medically unfit, they will determine which tier of ill health retirement is applicable. Where an employee is in the Teachers' Pension Scheme the employee would need to apply for ill health retirement.

7.36 Where ill health retirement has not been requested and such an opinion is received, HR People Services and the manager should meet with the employee and inform them of the position. If the employee decides that they wish to retire, their request should be confirmed in writing, and the procedure outlined above should be followed. However, if the employee wishes to be considered for alternative employment, then the Council's Redeployment Policy should be utilised to seek suitable alternative employment. Where necessary there should be a referral to Occupational Health to ascertain what work would be suitable.

7.37 If a search for alternative employment is unsuccessful and the employee still does not wish to retire but it is decided that dismissal is the only option, the correct procedure must be followed. i.e. see paragraphs 7.27 - 7.31 above. Employees found permanently unfit on medical grounds will normally be given a payment in lieu of notice.

SECTION 8 – SICKNESS APPEAL PROCEDURE

- 8.1 Where an employee appeals against any action taken under the formal stages of the sickness absence procedure, either short term or long term, the grounds and reasons for appeal need to be identified.
- 8.2 At the commencement of the appeal hearing, the Chair of the Appeal (a manager more senior than the one that took the decision) will introduce all parties present, outline the procedure to be followed and will confirm that all parties understand the procedure. At any stage during the appeal, the Chair will be able to questions any of the parties present.
- 8.3 The manager that took the decision will outline the circumstances around the employee's absence that led up to the decision to issue a warning/ proceed to dismissal and explain the rationale for their decision. The employee or their Trade Union representative and the Chair can ask questions of the manager.
- 8.4 The Chair of the Appeal should ask the employee or their Trade Union representative to outline the grounds of their appeal. The manager and the Chair can ask questions of the employee.
- 8.5 After both parties have provided their evidence, each will be given the opportunity to sum up the main points, with the Management Side going first. No new evidence can be submitted at this stage. Following the summing up stage, all parties will withdraw leaving only the Appeal Chair authorised to make the final decision and the HR People Services representative.
- 8.6 In making a decision, the Chair can, if required, recall any of the parties involved to clarify any areas of misunderstanding or doubt. If one party is recalled, then the other party must be present to hear any questions and the answers provided.
- 8.7 The decision should be communicated in writing to the employee as soon as is reasonably practicable. The decision of the Chair of the Appeal will be final and there are no further appeal rights within the Council.

SECTION 9 – RELATED DOCUMENTS

Document Name	Reference
Alcohol & Drug Misuse Policy	1.CM.134
Carers Policy	1.CM.188
Domestic Violence Policy	1.CM.153
Flexible Working Policy	1.CM.088
Dignity at Work Policy	1.CM.109
Reasonable Adjustments Guidance	5.C.275
Redeployment Policy	1.CM.207
Stress Management Policy	1.CM.118

Appendix 1: GUIDANCE ON DISABILITY RELATED ABSENCES

1. From 1st October 2010, the Equality Act replaced the Disability Discrimination Act (DDA). The Equality Act aims to protect disabled people and prevent disability discrimination. The Disability protected characteristic of the Equality Act is complex and needs careful consideration in relation to definition of disability and of discrimination. Advice can be sort from HR People Services and Occupational Health,
2. Under the Equality Act, a person has a disability if:
 - **they have a physical or mental impairment**
 - **the impairment has a substantial and long term adverse effect on their ability to perform normal day-to-day activities".**

There is no definitive list of impairments covered by the legislation. The definition is very wide and depending on the nature and severity and the effect on normal day to activities **might** include, for example, people with:

- Sensory impairments (vision and hearing)
- Heart conditions
- Musculoskeletal conditions, affecting the limbs, hands, back or neck
- Recurring or fluctuating conditions such as arthritis, irritable bowel syndrome, Crohn's disease
- Mental health problems such as depression, schizophrenia, eating disorders, bipolar affective disorders, personality disorders
- Epilepsy
- Asthma
- Dyslexia
- Diabetes
- Severe disfigurements
- Learning disabilities
- Progressive conditions (e.g. cancer, HIV or multiple sclerosis etc)

This is not an exhaustive list.

3. A disabled person has the right to take a complaint under the Equality Act to an Employment Tribunal. Where a complaint is upheld, the Employment Tribunal may award compensation and damages. As with race and sex discrimination, there is no upper limit for compensation for Disability Discrimination.
4. The Equality Act recognises that treating all employees the "same" can penalise disabled people unfairly. Consequently, to remove this disadvantage, employers are obliged to make reasonable adjustments to working practices to accommodate the needs of disabled people. This duty arises where a provision, criterion or practice applied by or on behalf

of the employer, or any physical features of premises occupied by the employer, places a disabled person at a substantial disadvantage compared with people who are not disabled. Where the duty arises, an employer cannot justify a failure to make a reasonable adjustment. “Substantial disadvantages” are those which are not minor or trivial and must be causing a substantial disadvantage to the disabled person in question.

5. An employer has a duty to make reasonable adjustments if it knows or could reasonably be expected to know that an employee is disabled. **The implementation of adjustments is not an absolute duty. It is a duty to make a reasonable adjustment.** In this context reasonableness will often depend on likely effectiveness, practicality and cost. Further information on reasonable adjustments can be found in the Council’s Reasonable Adjustments Policy.
6. In many cases employees will advise managers that they think that they are disabled. Managers may also use one to one meetings, return to work discussions and/ or [Personal Performance and Development Review](#) meetings where they think there is a problem to sensitively raise the issue. The Disability Rights Commission has advised that local authorities should follow self-classification systems, i.e. individuals define themselves as having a disability. Whilst the Council adopts this approach, to consider relaxing of triggers or discounting absences we would look for confirmation from Occupational Health that the Equality Act applies.
7. Where managers become aware that a disabled employee has a condition that is affecting their ability to do their job, consideration must be given as to whether reasonable adjustments could be instigated which would enable the person to work effectively. Advice may be sought from the Occupational Health Service in order to clarify whether the Equality Act does apply and if so, whether there are any adjustments that the Council should consider. A review of adjustments should take place every 6 months (as per the Reasonable Adjustments Policy) and/ or when:
 - the effects of an existing impairment changes;
 - a disabled employee’s work or work pattern changes;
 - a disabled employee requires additional training.
8. Some examples of what could be considered as “reasonable adjustments” are as follows:
 - making adjustments to the working environment, e.g. making a doorway wider or easier to open, providing natural daylight bulbs or changing the height of shelving
 - allocating some of the employee’s less important duties to another person
 - redeploying the employee to fill an existing vacancy.

- altering the employee's hours of working, including flexible working
- assigning the employee to a different place of work or training closer to their home
- allowing the employee to be absent during working or training hours for rehabilitation, assessment or treatment
- modifying instructions or reference manuals
- modifying a policy, practice or criteria
- providing a reader or interpreter
- changing attitudes, e.g. providing mental health or HIV awareness sessions for staff to ensure a more welcoming environment, free from misinformed opinions and prejudice
- acquiring or modifying equipment (advice may be obtained from the Access to Work Team) e.g. voice activated software an adapted keyboard or mouse
- giving or arranging training or mentoring/ coaching
- allowing an advocate to attend any meetings that take place as part of this process
- allowing an employee to record meetings with the prior agreement of all parties and recordings to be made available to all parties with no editing
- relaxing of the trigger stages **as appropriate** ^{*}. An example of this could be where an employee is undergoing treatment and may want to come into work in between treatments rather than be on long term sick and so may have periods of short term absence following each treatment.

This is not an exhaustive list.

*

It is recognised that the majority of disabled employees maintain an excellent attendance record and that it should not be assumed that if an individual is disabled they are at a higher risk of sickness absence. However, it is recognised that in some cases, medical conditions that may fall within the definition of disability may give rise to sickness absence. Whilst the Council is committed to being supportive of individuals affected in this way and to implement reasonable adjustments, care must also be taken not to create a situation that can be abused and in turn be seen as unfair to other staff. Where sickness absence occurs, reasonable adjustments such as modification to trigger points can be considered but this is not an automatic right under the terms of the legislation. Further advice on these should be discussed with HR People Services and the opinion of Occupational Health must be sought.

9. Whether it is reasonable or not for an employer to have to make any particular adjustment will depend on a number of things, such as cost and effectiveness. However, if an adjustment is reasonable to make, the employer must make it. In order to avoid discrimination, it would be prudent for managers not to make fine judgements as to whether a

particular individual falls within the statutory definition of disability, but to focus instead on meeting the needs of each employee. Each reasonable adjustment request made should be considered on an individual basis depending on the nature of the case.

Various factors influence whether a particular adjustment is considered 'reasonable'. These include:

- How effective the change would be in avoiding the disadvantage the disabled person, any other employee or member of the public would otherwise experience
 - Its practicality
 - Costs and extent of any disruption caused
 - The availability of financial and other assistance
 - Effect on other employees
 - Adjustments made for other disabled employees
10. Additional advice and support in this area is available from HR People Services and Occupational Health.
11. Some practical examples of reasonable adjustments are as follows:
- A person who is disabled because they have dyslexia applies for a job which involves writing letters. The employer gives all applicants a test of their letter writing ability. The person can generally write letters very well, but finds it difficult to do in stressful situations and within short deadlines. They are given longer to take the test.
 - A call centre normally employs supervisors on a full time basis. A person with sickle cell anaemia applies for a job as a supervisor. Because of pain and fatigue relating to their condition they ask to be able to do the job on a part time basis. The employer agrees. The hours of work offered amount to an adjustment to a working practice.
 - An employer has designated car parking spaces for senior managers. An employee who is not a manager, but has mobility impairment and needs to park close to the office and so is allocated a car parking space.
 - An employer makes structural or other physical changes such as widening doorways, providing ramps, relocating light switches or moving furniture for wheel chair users.
 - An employer reallocates minor or subsidiary duties to another employee as a disabled person has difficulty doing them because of his disability. e.g. a job involves occasionally going onto the open roof of a building but the employer transfers this work away from an employee who suffers with severe vertigo.

12. The manager should talk to the employee who requires a reasonable adjustment to find out exactly what difficulties or barriers they are facing in achieving their role effectively. Once the specific detail has been ascertained, the Manager is likely to be in a position to assess what reasonable adjustments can be made to overcome the barriers experienced by the employee. If the Manager and the employee are able to easily and informally implement or accommodate the adjustment, without having to seek further advice from Health and Safety or Occupational Health; they should do so.
13. Records of the conversations/ agreements made between the manager and employee should be made, ensuring both parties have a copy. Where a more formal approach may be required then the documentation in the Reasonable Adjustments Policy should be used.
14. Where a manager is considering refusing a reasonable adjustment they must refer to the relevant section of the Reasonable Adjustments Policy.

Appendix 2 - ACTION IN PARTICULAR CASES

1. An employee will be entitled to be paid if suspended from work on medical grounds under various statutes.
2. Where the individual is unable to work because of adverse medical reaction to workplace conditions, consideration should be given to a search for alternative work.
3. In cases where effective consultation directly with the affected individual proves difficult, the manager should keep in touch through relatives/ carers.
4. An investigation of every accident which results in time being lost from work will be undertaken by the manager and, where appropriate, the relevant Health and Safety Adviser. A written report of the incident will be made. Similarly all alleged work-related ill health must be investigated by the manager with the support of a Health and Safety Adviser and Occupational Health Adviser. (Please see [1.CM.012](#) and [1.CM.122](#)).

Terminally Ill Employees

5. In the case of a terminally ill employee, there is a need to consider the person's situation and their continued employment in a particularly sensitive and understanding way.
6. Consultation is a key part in determining the individual's wishes and in providing them with information on the best options available.

Alcohol/Drug Dependency

7. Managers should ensure that such issues are dealt with in an appropriate manner, i.e. recognising that normally drug/ alcohol dependency is a health problem, which could be treated, and that employees need to be treated with sympathy and understanding.
8. HR People Services will provide assistance to managers in dealing with people who have dependency problems.
9. The Council's [Alcohol and Drug Misuse Policy](#) should be followed and training will be available to assist managers in this area.
10. Addiction to or dependency on alcohol, nicotine or any other substance (apart from prescribed medication) is explicitly excluded from constituting a disability under the Equality Act. However, illnesses caused by addiction e.g. certain liver conditions, will be covered.

Stress

11. It is a legal obligation for stress to be included in the health and safety risk assessment process. The Council has procedures and offers training in risk assessing and stress for teams and individuals.
12. The Council has a [Stress Management Policy](#) that should be implemented. e.g. in respect of risk assessing and implementation of Annual Service Area Stress Action Plans. The Council is addressing the Health and Safety Executive's six stress management standards as part of its approach to managing stress.

HIV/ Progressive Illnesses

13. Managers should approach HIV and AIDS as one of a number of illnesses where mismanagement can result in stigma and discrimination for the individual concerned. Confidentiality is, therefore, of the utmost importance and will be reflected in any Policy the Council determines. In many cases, time off for counselling should be allowed and systems should be established for the safeguarding of the employee's privacy. An employee diagnosed as either HIV or AIDS is under no obligation to disclose this to the Council, however under the Equality Act a person diagnosed with HIV or AIDS is classed as disabled from the point of diagnosis.
14. Progressive conditions are conditions which are likely to change and develop over time. Where an employee has a progressive condition, they will be covered by the Equality Act from the moment the condition leads to an impairment which has some effect on ability to carry out normal day-to-day activities, even though not a substantial effect, if the impairment is likely eventually to have a substantial effect on such ability (with the exception of HIV/ Aids as per paragraph 13).

Critical Illness/ Cancer in the Workplace Policy

15. A manager may be one of their employee's most important sources of support when faced with dealing with a critical illness such as cancer. An understanding of what that illness is, its treatment, side effects and the issues that may emerge during an individual's recovery and return to work will help managers fulfil this important role. Macmillan has developed specific advice and guidance for employers on how to handle cancer related cases and this has been incorporated into Appendix 3 Critical Illness guidance. The Council has a Carers Policy which further supports staff in the management of attendance. Details of the Carers Policy can be obtained from HR People Services.

Appendix 3 – CRITICAL ILLNESS GUIDANCE

1. The Council has a responsibility to provide help and to support employees diagnosed with a critical illness and will be as flexible as possible in its approach to these situations, dealing with each case on its own merits. At a time of uncertainty and conflicting emotions for those diagnosed, this guidance endeavours to establish a good practice framework approach whilst allowing flexibility to accommodate the circumstances of each case. It also provides guidance to managers in how best to support their employees and signposts sources of internal and external guidance and advice.
2. The way the Council responds to the needs of employees diagnosed with a critical illnesses will reflect its commitment to being an employer of choice, adhere to the Social Model of Disability and will impact on employee morale.
3. For the purpose of this guidance a critical illness is broadly defined as a life limiting and/ or life threatening condition as diagnosed by a GP and/ or professional health specialist that may or may not require a course of treatment. By way of example, critical illnesses would include cancer, heart attack, Muscular Dystrophy, Parkinson's Disease, polio, etc. This list is illustrative only and is not exhaustive.
4. An employee's dignity, privacy and confidentiality should be respected at all times. Consequently, no sensitive information concerning their medical condition should be shared without their prior consent.
5. Every effort will be made to support individuals diagnosed with a critical illness and this will include sensitive communication with and appropriate involvement/ engagement with the employee whilst they are in work and during periods away from the workplace.
6. Advice from Occupational Health and HR People Services should be sought at the earliest opportunity on the possibility , where practicable, of introducing temporary flexible working arrangements, where necessary or required, to support employees in managing their absence, treatment and related needs.
7. Employees will in no way be discriminated against on the grounds of their critical illness and the principles of the Council's Equal Opportunities Policy will be fundamental to the implementation of this guidance. Specifically, the Council will not discriminate against those diagnosed with a critical illness in relation to access to learning and development opportunities, promotion, secondment opportunities, etc.
8. Practical and relevant guidance, advice and support covering issues such as treatment, absence from work, return to work, work adjustments etc. will be made available to the employee. Further, in recognition that teams

may also be affected by the employee's situation, support and information will also be widely available.

9. Employees diagnosed with a critical illness should be treated fairly and consistently although each case will be slightly different. However, where an employee feels that they have been treated unfairly as a result of their critical illness, the matter should be raised with their manager in the first instance who will seek to try to resolve the issue informally. If the matter cannot be resolved in this way, the Grievance Procedure remains available to the employee. The Grievance Procedure should not be used following any formal action taken against an employee in respect of the Sickness Absence Procedures. In these instances employees have the right to appeal using the appeals procedure outlined in the Sickness Absence Procedures.

PROCEDURE FOR EMPLOYEES DIAGNOSED WITH A CRITICAL ILLNESS

ADVISING MANAGERS

10. Once an employee feels able to share their diagnosis, they should advise their manager and/ or arrange to meet. If the employee feels unable to discuss this with their line manager, if they have been referred or have self referred, they can request that Occupational Health and/ or HR People Services can be involved on their behalf. In some cases, employees may feel more comfortable with Occupational Health advising the organisation about the illness as part of the Occupational Health report process. Occupational Health can provide advice in their report and agree a way forward with the individual regarding what information needs to be relayed to their manager. Occupational Health will provide appropriate support throughout the illness.
11. Although the initial disclosure may not be easy for the employee, it is difficult for a manager (and therefore the Council) to support someone if they are unaware of the individual's circumstances. In practical terms, it is also difficult to attend treatment, take time off to meet health needs or ensure that work is covered, without the manager knowing the reason why and what is involved.
12. Employees have the right to be accompanied by a Trade Union representative or work colleague at any time during discussions with their manager.
13. The employee may not know the full extent of their illness until they have begun treatment, or had some form of surgical procedure/ investigation and so there may be a need to take time off at very short notice. This would be covered by time off arrangements in Sickness Absence Procedure, Special Leave Provisions or some other form of flexible working arrangements.

EARLY DISCUSSIONS

14. Following disclosure of the diagnosis by the employee and as soon as it is appropriate to do so, the manager should meet with the employee and discuss:-
- The provisions and application of the Sickness Absence Procedure including any reasonable adjusting advised by Occupational Health
 - Any need to take immediate time off e.g. special leave, annual leave to come to terms with the immediate diagnosis
 - Any potential impact of treatment on the employee's ability to work and whether working arrangements need to be temporarily adjusted to assist in supporting them to continue working
 - What agreed information, if any, should be shared with team/ work colleagues and when
 - Referral to Occupational Health, if not already done, to seek information about the illness, recommendations for returning to work, reasonable adjustments, possibility of redeployment, etc.
15. In practical terms, the employee will be offered information on:
- The Council's Sickness Absence Procedure and details of sick pay entitlements
 - Counselling and other support services, e.g. Employee Counselling Services, external support agencies
 - Flexible working information and possible work adjustment options
 - Other sources of information and support

ADVISING WORK COLLEAGUES

16. It is up to the employee, when they feel ready, to share any information with others who need and/ or should know and they can either relay this information themselves or ask their manager to do so on their behalf. Where possible, the manager will agree with the employee from the outset what (if anything), when and who will advise colleagues and others at work
17. Managers should respect the employee's wish for privacy and confidentiality concerning their personal circumstances. At the same time, however, the manager may need to make arrangements to cover sickness absence if it occurs.

PAYMENT OF SALARY/ WAGES DURING SICKNESS ABSENCE

18. The Sickness Absence Procedure will be applied (including provision of a Statement of Fitness to Work, etc). The payment of sick pay will be in accordance with the relevant sick pay provisions and will be based on the employee's sickness entitlement. Further advice can be sought from HR People Services or the Trade Unions.

OPTIONS FOR SUPPORT

19. The employee may choose to seek counselling and support and this can be from the in-house confidential Employee Counselling Service, Occupational Health Service, the Disabled Employee Group or external agencies. Full contact details of further sources of information are attached in [Appendix 5](#) of this policy.
20. Occupational Health, because of their required early involvement, will play a key role in advising on fitness for work, suitable alternative duties to be undertaken, reasonable adjustments, etc. The Council has a duty to make reasonable adjustments to workplaces and working practices to make sure that disabled people are not at a substantial disadvantage compared to others. What is considered a reasonable adjustment will depend on the costs and practicality of making the adjustment and affects on the employer's business. Health and safety issues should also be considered.
21. Depending on the nature of the illness, the employee may wish to carry on working during treatment, either on a full time or part time basis. Prior to treatment; it is often difficult to know exactly how it may affect the employee so it is important that close contact on this matter is maintained. Full or part time flexible working options, where practicable, should be explored and discussed by the manager with the employee. Based on advice from Occupational Health, reasonable adjustments and modification should, wherever the job allows it, be made.
22. In summary the manager can help an employee by:-
 - Planning a reduced and/ or more flexible working arrangement, e.g. changing the employee's hours so that the employee can travel to and from work at less busy times (e.g. outside rush hour).
 - Temporarily reassigning duties to others, if this is feasible and/ or considered appropriate.
 - Encouraging the employee to take short breaks every now and again to rest.
 - Allowing the employee to work from home, if the job can be reasonably adjusted to sustain home working for an agreed and time limited period of time
23. It may however not be practicable for the employee to continue working during treatment and consequently, they will be on sick leave. The manager should ensure that formal contact meetings, in accordance with the Sickness Absence Procedure, take place so that the employee knows what is happening at work and is kept up to date with developments.

TIME OFF FOR TREATMENT

24. If an employee returns to work either during or after treatment, they may need to take time off for medical appointments and follow up procedures. These appointments are covered as part of Special Leave provisions. The employee should, as far as possible, let their manager know of these appointments in advance so that any cover arrangements if necessary can be made.

EXTENDED PERIOD OF ABSENCE

25. If an employee needs to take an extended period of absence, this time off will be treated as sickness absence in accordance with their entitlement. Trigger points may be varied and advice should be sought from HR People Services.

KEEPING IN TOUCH

26. Employees on sickness absence may feel very vulnerable which can exacerbate any feelings of isolation. In the case of a lengthy period of absence away from work and in addition to contact meetings by the manager; colleagues may wish to keep in social contact with the individual, in order to keep them updated on a range of matters. Where contact meetings are not appropriate, the option of periodic telephone discussions by the manager to review how the employee is doing should be considered.

AFTER TREATMENT - RETURNING TO WORK

27. Often a diagnosis of a critical illness will lead individuals to rethink their lifestyle and priorities. Some employees may choose not to return to work or are not able to do so. For others, work can take on an increased importance in their life.
28. It is important that employees returning to work, especially following a prolonged absence, are offered the support they need. After treatment has finished and, if the employee has not been working during this period, the basis of the return to work will need to be determined. This will be based on the Occupational Health advice received.
29. Returning to work after a break of a few weeks or months can be physically and emotionally stressful and difficult to adjust to. The employee must take time to think about what is right for their situation and circumstances. Again, the role of Occupational Health is important. Planning for the return to work and welcoming them back is key along with monitoring their progress once they have returned.
30. Prior to the formal return to work, the manager will arrange to meet with the employee to discuss the options for making the transition back to work. A visit to the workplace by the employee prior to the formal return to work should also be considered. Other options to be explored could include:

- Agreeing a phased return to work within an agreed timescale, where an employee increases their hours gradually over a period of time
- A change to working pattern or hours
- Temporarily working from home, where the job can be appropriately modified
- Other flexible arrangements working or reduced hours
- Modifying the employee's role or some of the employee's responsibilities for a temporary period
- Help with transport to and from work, e.g. Access to Work
- Reasonable adjustments to the employee's physical location or workstation
- Consider any training or refresher course that may be needed
- Scheduling regular review dates for this transition period

IMPAIRMENT CAUSED BY CRITICAL ILLNESS

31. If an employee's illness causes an impairment that affects the return to work, the Council will make reasonable adjustments to enable the employee to continue to work. The Disability provisions of the Equality Act 2010 cover all aspects of the employment cycle from recruitment through to an individual leaving the organisation, including after they have left. It also makes it unlawful for an employer to treat a disabled person less favourably, (e.g. an employer cannot refuse to employ or promote an individual simply because they have an illness that is covered by the Equality Act.)
32. The Act also protects an employee against harassment and/ or victimisation and makes it unlawful for an employer (or prospective employer) not to make 'reasonable adjustments' for disabled employees (or job applicants), such as changes to employment practices and procedures and the working environment, if it means someone with illness covered by the Equality Act is placed at a substantial disadvantage. Further advice on these issues is available from HR People Services.

GIVING UP WORK

33. Some people choose to give up work completely when they are diagnosed with a critical illness. This allows them to focus on their illness, its treatment and to reassess their lives and priorities. If work has been a major focus of an employee's life, it can be difficult to adjust to not working. If the employee wishes to leave, it is important to clarify the reasons why as sometimes these decisions are taken when emotions are at an all time low. Whilst such decisions are personal, employees should be encouraged to take proper advice before making the decision to give up work. In this situation an employee may want to seek counselling and talk this through. The Employee Counselling Service or external agencies listed in [Appendix 5](#) can be accessed. The employee could consider

leave under the Sabbatical Leave Policy whilst they consider their long term options.

34. If following referral to Occupational Health the employee is considered to be permanently unfit and suitable alternative roles are not available, their employment will be terminated on ill health grounds with any associated pension benefits. If an employee is ineligible for retirement because of ill health, can no longer carry out their role and alternative employment is unavailable, termination of the contract may need to be considered. Managers should consult HR People Services and seek advice from Occupational Health to discuss options prior to making these decisions.
35. It is strongly advised that in these circumstances, if the employee is in the Local Government Pension Scheme, they (or someone acting on their behalf) should contact the Pensions Section for advice on options available.

Appendix 4 - GUIDANCE ON MENTAL HEALTH CONDITIONS

1. Where it is known that an individual suffers from a mental health condition, it is reasonable that the manager should take account of this when reviewing sickness absence. In relation to the normal approach to sickness absence management, because of the nature of certain types of mental health conditions, managers should be particularly alert to the effects of their action on the employee.
2. In recognition of this, it is advisable that close liaison with Occupational Health, the relevant GP and Trade Union, etc is maintained throughout. Specialist bodies such as charities and Disability Service Teams in some of the larger local Job Centres can also be of help.
3. Mental health conditions include a wide range of experiences: some conditions may be quite mild and moderate, while others may take on a more severe form, affecting a person's ability to cope with day-to-day living.
4. Mental health conditions can range from feeling 'a bit down' to common disorders such as anxiety and depression, to severe mental health conditions such as bipolar disorder or schizophrenia.
5. No one really knows why some people react to life events far more than others. There are various medical, psychological and social factors which may contribute to a decline in a person's mental health, but there is no one 'cause'.
6. Conditions may emerge suddenly, as a result of a specific event or incident, or gradually, over a period of time when the condition may worsen or improve.
7. Some conditions are persistent and may be classed as a disability, while others come and go, giving the individual 'good days' and 'bad days'.
8. According to some estimates, 1 person in 4 has some form of mental health condition in their lifetime. For as many as 1 person in 50, the condition will be serious enough to affect their ability to work or to form personal relationships.
9. Illness is more easily understood if it is visible and mental health conditions may be less conspicuous than some forms of physical illness. An employee may also work very hard to disguise their symptoms, or they may develop other 'secondary symptoms' not directly related to the original condition – for example, the strain of coping with depression may cause someone to become dependent on alcohol or drugs.
10. Many employees and line managers are uncomfortable talking about mental health. Misconceptions about mental health conditions persist –

mental health is often viewed as something disturbing or dangerous that lurks hidden beneath the surface of someone's personality.

11. Managers may also be reluctant to intervene because:
 - They feel they may have contributed to the poor mental health of the employee – perhaps by overloading them with work
 - They do not have the confidence or knowledge to deal with an issue and may feel out of their depth.
12. You do not necessarily need to be an expert or counsellor to manage mental health conditions. A good starting point is to manage physical and mental illness in the same way by focusing on:
 - Effective line management, particularly around communication –with the employee and other employees
 - Awareness of the issues and the ability to empathise – feeling sympathetic may not be appropriate
 - The development of an open culture in which employees feel able to discuss their problems
13. Learning about mental health conditions will prevent managers from feeling they are getting out of their depth and to judge when they need to refer employees to outside help.
14. ACAS have stated that there are three things you can do to help maintain the health of employees and help those with mental health conditions remain in work and productive:
 - **Spot the signs** – This may initially mean taking a note of what you see as you walk around or in team meetings and then choosing the right moment to intervene.
 - **Engage with the problem** – There are some good practical steps you can take to help with coping strategies, and some legal requirements you need to bear in mind, for example your duty to make reasonable workplace adjustments to the working environment in certain circumstances
 - **Keeping a watching brief** – This does not necessarily mean passively observing, although in some circumstances this be the best option. Promote awareness of mental health issues and create a culture where employees feel they can talk to you about their concerns. Keeping communication channels open is critical.
15. The first signs of mental health conditions will differ from person to person and are not always easy to spot. In many cases of moderate depression (the most common mental health condition) the person becoming distressed may not display symptoms, or may seek to hide them because they worry about what others will say or think about them. The key thing to look out for is **changes** in usual behaviour and some common early signs of a mental health condition could be:

- Losing interest in activities and tasks that were previously enjoyed
- Poor performance at work
- Mood swings that are very extreme or fast and out of character
- tearfulness
- Self-harming behaviour
- Changes in eating habits and/or appetite: over-eating, bingeing, not eating
- Sleep problems
- Increased anxiety, looking or feeling 'jumpy' or agitated, sometimes including panic attacks
- Feeling tired and lacking energy
- Isolating themselves, socialising less
- Wanting to go out a lot more, needing very little sleep, feeling highly energetic, creative and sociable, making new friends rapidly, trusting strangers or spending excessively – this may signal that they are becoming 'high'
- Hearing and seeing things that others don't
- Other differences in perception; for example, mistakenly believing that someone is trying to hurt them, or trying to take over their body.

All these signs can vary in severity. They can be relatively minor, or pass quickly, or be particularly severe and distressing.

16. Possible issues to raise with an employee who has a mental health condition (taken from SHiFT Line Managers' Resource -A Practical Guide to Managing and Supporting People with Mental Health Problems in the Workplace):

- ask open questions about what is happening, how they are feeling, what the impact of the mental health condition is. Ask them what solutions they think there might be but appreciate that they may not be able to think clearly about solutions while experiencing distress
- how long has the employee felt unwell? Is this an ongoing issue or something that an immediate action could put right?
- discuss whether work has contributed to their distress. Listen without passing judgement and make sure you address their concerns seriously
- are there any problems outside of work that they might like to talk about and/ or it would be helpful for you to know about? (You should not put pressure on the person to reveal external problems)
- is the employee aware of possible sources of support such as relationship or bereavement counselling, drug/ alcohol services, legal or financial advice?
- ask the employee if there is anything that you can do to help and make sure that they are aware of any support that the organisation may provide such as reference to occupational health, counselling and that if they access them it will be confidential

- is there any aspect of the employee's medical care that it would be helpful for you to know about? For example, side effects of medication that might impact on their work. While you have no right to this information, the employee should be aware that you cannot be expected to make 'reasonable adjustments' under the terms of the Equality Act if you are not informed about the problem
- does the employee have ideas about any adjustments to their work that may be helpful? These could be short or long term
- do they have any ongoing mental health condition that it would be helpful for you know about? If so, is it useful to discuss their established coping strategies and how the organisation can support them? It is the employee's choice whether to reveal this but you can explain that it will be easier for you to make reasonable adjustments for a condition you know about
- establish precisely what they wish colleagues to be told and who will say what. Any inappropriate breach of confidentiality or misuse of this information might constitute discrimination under the Equality Act
- agree what will happen next and who will take what action

Appendix 5 – USEFUL CONTACTS

INTERNAL SOURCES OF SUPPORT

Employee Counselling Service

The Employee Counselling Service (ECS) offers free and confidential counselling to anyone who is employed by Cardiff Council.

The Employee Counselling Service is confidential. No-one will be told that an employee has been in contact: Manager, Supervisor or colleagues in People and Organisational Development do not have to know. Employees can access the Employee Counselling Service between 9am - 5pm Monday to Friday (answer phone at all other times). The telephone number is 029 2078 8301

HR People Services Advice and Guidance

Tel. 029 2087 2222 or hrpeopleservices@cardiff.gov.uk

Occupational Health Service

Tel. 02920 788534 or 02920 788535 or occupationalhealth@cardiff.gov.uk

Pensions Section - Financial Services

Tel. 029 2087 2330 or pensions@cardiff.gov.uk

EXTERNAL SOURCES OF INFORMATION

Access to Work

Jobcentre Plus
Alexandra House
377 Cowbridge Road East
Cardiff
CF5 1WU
Email: AWTOSU.LONDON@DWP.GSI.GOV.UK
Tel: 0845/0345 268 8489

There are a number of external organisations that can provide support to employees with particular conditions and these can be found via the internet

CORE CITY SICKNESS DATA

Background

1. A request was sent to the following authorities to obtain data of their sickness absence.

- Birmingham City Council
- Bristol City Council
- Leeds City Council
- Liverpool City Council
- Manchester City Council
- Newcastle City Council
- Nottingham City Council
- Sheffield City Council

Cardiff has worked extremely hard to reduce levels of sickness absence and the ability to benchmark its performance against other major UK cities should aid further reductions in sickness absence levels.

2. Each authority was asked to provide the following information;

- Question 1** Sickness information for the authority as a whole.
- Question 2** Sickness information of FTE days lost per person broken down by service area with specific interest in the area of waste services.
- Question 3** Age profile for the authority and waste services.
- Question 4** Confirmation if a separate sickness policy was used for manual workers compared to office workers, given the more intensive nature of the constant outdoors work?
- Question 5** What new initiatives, if any, have been introduced which have shown a reduction in sickness absence levels?

Question 1 Responses - Sickness Information for Authorities as a Whole

3. Cardiff's sickness data for both long and short term absence has been reported as shown below; Each authority were asked to provided data under these headings to enable us to compare our progress.

The City of Cardiff Council

Result Date	No. of FTE staff	Long Term FTE Days Lost	FTE Days lost per person (LT)	Short term FTE Days Lost	FTE Days lost per person (ST)	Total FTE days lost	Total FTE days lost per person	Industrial Accident FTE days lost
2009/10	12,786	87,017	6.81	64,911	5.08	151,928	11.88	3,460
2010/11	12,399	82,199	6.63	59,703	4.82	141,902	11.45	1,731
2011/12	11,985	83,077	6.93	54,585	4.55	137,662	11.49	1,751
2012/13	11,790	85,317	7.24	52,726	4.47	138,043	11.71	1,776
2013/14	11,677	71,653	6.14	47,201	4.04	118,854	10.18	2,191

Core City Data

Birmingham City Council

Authority as a whole	Result Date	No. of FTE staff	Long Term FTE Days Lost	FTE Days lost per person (LT)	Short term FTE Days Lost	FTE Days lost per person (ST)	Total FTE days lost	Total FTE days lost per person	Industrial Accident Incidents	Industrial Accident FTE days lost
Birmingham City Council	2010/11	17948.91	152064	8.47	58149	Not supplied	210213	11.72	Data Not available	
	2011/12	16873.12	148509	8.80	48844	Not supplied	197353	11.67		
	2012/13	14795.91	119139	8.05	64256	Not supplied	183396	12.40		
	2013/14	13736.50	94311	6.86	52667	Not supplied	146978	10.70		

Bristol City Council

Authority as a whole	Result Date	Headcount	Long Term FTE Days Lost	FTE Days lost per person (LT)	Short term FTE Days Lost	FTE Days lost per person (ST)	Total FTE days lost	Total FTE days lost per person	Industrial Accident Incidents	Industrial Accident FTE days lost
Bristol City Council	2010/11	8851	Data Not available				77110	8.71	Data Not available	Data Not available
	2011/12	8375					66091	7.89		367
	2012/13	8052					67512	8.38		835
	2013/14 Ending 31/05/14	7213					62258	8.63		967

Leeds City Council

Authority as a whole	Result Date	No. of FTE staff	Long Term FTE Days Lost	FTE Days lost per person (LT)	Short term FTE Days Lost	FTE Days lost per person (ST)	Total FTE days lost	Total FTE days lost per person	Industrial Accident Incidents	Industrial Accident FTE days lost
Leeds City Council	2010/11	13158	104668.99	7.95	50367.37	3.83	155036.36	11.78	Data Not Supplied	2206.04
	2011/12	12876	91205.50	7.09	44647.75	3.47	135853.26	10.56		2285.98
	2012/13	12555	87393.60	6.96	45717.94	3.64	133111.54	10.60		1568.07
	2013/14	13136	93132.22	7.08	43010.54	3.26	136142.76	10.34		1076.71

Liverpool City Council

Authority as a whole	Result Date	No. of FTE staff	Long Term FTE Days Lost	FTE Days lost per person (LT)	Short term FTE Days Lost	FTE Days lost per person (ST)	Total FTE days lost	Total FTE days lost per person	Industrial Accident Incidents	Industrial Accident FTE days lost
Liverpool City Council	2010/11	6113.11	42888.94	5.87	17869	2.44	60569	8.29	Data Not supplied	497.66
	2011/12	4987.53	33750.41	5.34	15179.68	2.40	49281	7.80		870.16
	2012/13	4424.46	39448.23	6.75	15952.87	2.73	56951	9.75		146.19
	2013/14	2890.03	34304.21	6.25	13682.70	2.49	47989	8.74		183.71

Manchester City Council

Authority as a whole	Result Date	No. of FTE staff	Long Term FTE Days Lost	FTE Days lost per person (LT)	Short term FTE Days Lost	FTE Days lost per person (ST)	Total FTE days lost	Total FTE days lost per person	Industrial Accident Incidents	Industrial Accident FTE days lost
Man. City Council	2010/11	9310	62633	6.72	37135	3.98	99768	10.70	Data Not Supplied	
	2011/12	7616	57491	7.54	30327	3.98	87818	11.52		
	2012/13	7495	51281	6.84	31060	4.14	82341	10.98		
	2013/14	6581	54381	8.26	26179	3.97	80560	12.23		

Newcastle City Council

Authority as a whole	Result Date	No. of FTE staff	Long Term FTE Days Lost	FTE Days lost per person (LT)	Short term FTE Days Lost	FTE Days lost per person (ST)	Total FTE days lost	Total FTE days lost per person	Industrial Accident Incidents	Industrial Accident FTE days lost
Newcastle City Council	2010/11	7214	Data Not Supplied				71627.81	8.35	Data Not Supplied	913.26
	2011/12	6531					61198.59	8.05		722.15
	2012/13	6114					55571.75	9.50		1034.97
	2013/14	5322					47621.19	6.18		639.18

Nottingham City Council

Authority as a whole	Result Date	No. of FTE staff	Long Term FTE Days Lost	FTE Days lost per person (LT)	Short term FTE Days Lost	FTE Days lost per person (ST)	Total FTE days lost	Total FTE days lost per person	Industrial Accident Incidents	Industrial Accident FTE days lost
Notting. City Council	2010/11	5667.52	44487.35	7.85	21489.44	3.79	65976.99	11.64	Data Not Supplied	4176.18
	2011/12	5413.20	35242.51	6.51	20313.73	3.75	55556.24	10.26		4355.63
	2012/13	5432.11	35964.05	6.62	22161.43	4.08	58125.48	10.70		2833.29
	2013/14	Data Not Supplied								

Sheffield City Council

Authority as a whole	Result Date	No. of FTE staff	Long Term FTE Days Lost	FTE Days lost per person (LT)	Short term FTE Days Lost	FTE Days lost per person (ST)	Total FTE days lost	Total FTE days lost per person	Industrial Accident Incidents	Industrial Accident FTE days lost
Notting. City Council	2010/11	6686	Data Not Supplied				77154	11.54	Data Not Supplied	
	2011/12	5848	Data Not Supplied				71311	12.19		
	2012/13	6364	Data Not Supplied				72712	11.42		
	2013/14	Data Not Supplied								

4. Cardiff's total FTE days lost per person for 2013/2014 is 10.18 days. From the 8 core cities sampled for data, Cardiff shows more positively than 5 of them in connection to total FTE days lost per person. However, the number of FTE staff varies considerably and so the closest comparable match with Cardiff is that of Birmingham City Council losing 10.70 days per person and Leeds City Council losing 10.34 days per person.

Question 2 Responses - Sickness Information Broken Down by Service Area with Specific Interest in the Area of Waste Services

The City of Cardiff Council

Service Area: WASTE OPERATIONS, FTE in: Days				
Post Type: Permanent, Temporary				
Reporting Period	Short term Sickness FTE	Long term Sickness FTE	Total Sickness FTE	No of Days Lost per Employee Year
July 12 - March 13	3,325.99	4,396.38	7,722.36	23.94
April 13 - March 14	3,627.49	5,700.16	9,327.65	21.36
April 14 - Oct 14	1,103.93	2,587.18	3,691.11	16.42

DigiGov Report as at 16.10.14

5. For several authorities it is not possible, since the introduction of Single Status, to identify those employees who could be deemed to be part of this part of the workforce and thus sickness information for them cannot be provided. However, the below information has been provided by 5 authorities.

Birmingham City Council – Fleet and Waste Management Service

Fleet & Waste Management Services	Result Date	No. of FTE staff	Long Term FTE Days Lost	FTE Days lost per person (LT)	Short term FTE Days Lost	FTE Days lost per person (ST)	Total FTE days lost	Total FTE days lost per person
Birmingham City Council	2010/11	850.95	6264.15	7.36	3329.84	3.91	9594.00	11.27
	2011/12	720.83	5643.79	7.83	2297.57	3.19	7941.36	11.02
	2012/13	576.20	5786.78	10.04	2511.28	4.36	8298.06	14.40
	2013/14	532.66	4700.83	8.82	1776.49	3.34	6477.32	12.16

Bristol City Council – Service Area Breakdown

Service Areas	Headcount ***				Total FTE days lost **				Total FTE days lost per person *			
	2011	2012	2013	2014	2011	2012	2013	2014	2011	2012	2013	2014
Restructured Department	N/A	1	N/A	0	N/A	0	N/A	4351	N/A	0	N/A	0.00
Chief Executive	N/A	83	197	N/A	N/A	331	442	N/A	N/A	3.99	2.24	N/A
Corporate Services	1693	2076	2018	N/A	11574	15797	16298	N/A	6.84	7.61	8.08	N/A
Children Young People and Skills	1660	1581	1445	1320	15191	11949	11890	9749	9.15	7.56	8.23	7.39
Deputy Chief Executives	594	88	N/A	N/A	4339	350	N/A	N/A	7.30	3.98	N/A	N/A
Health & Social Care	1908	1709	1596	1329	25706	18536	19176	12895	13.47	10.85	12.02	9.70
Neighbourhoods & City Development	N/A	2837	2796	2003	N/A	19128	19708	15856	N/A	6.74	7.05	7.92
City Development	1016	N/A	N/A	N/A	6941	N/A	N/A		6.83	N/A	N/A	
Neighbourhoods	1980	N/A	N/A	5	13359	N/A	N/A	0	6.75	N/A	N/A	0.00
Organisational Development	N/A	N/A	N/A	1238	N/A	N/A	N/A	8507	N/A	N/A	N/A	6.87
People	N/A	N/A	N/A	7	N/A	N/A	N/A	54	N/A	N/A	N/A	7.64
Place	N/A	N/A	N/A	13	N/A	N/A	N/A	1	N/A	N/A	N/A	0.08
Business Change	N/A	N/A	N/A	12	N/A	N/A	N/A	857	N/A	N/A	N/A	71.42
Public Health	N/A	N/A	N/A	34	N/A	N/A	N/A	33	N/A	N/A	N/A	0.97
Regeneration	N/A	N/A	N/A	1341	N/A	N/A	N/A	12416	N/A	N/A	N/A	9.26

*** Employees who have more than one job with the council are included once for each job

** Working days lost is based on Mon-Fri (excluding bank holidays) pattern applied to all instances of absences

* Average number of working days / shifts lost due to sickness absence per employee. Excludes absence of leavers

Leeds City Council – Waste Services

Waste Services	Result Date	Total FTE days lost per person
Leeds City Council	2012/2013	11.77
	2013/2014	13.58

Newcastle City Council – Refuse & Cleaning Staff

Refuse & Cleansing Staff Only	Result Date	Sickness days lost per FTE	Total FTE days lost per person
Newcastle City Council	2010/11	Refuse staff	10.60
		Cleaning staff	10.66
	2011/12	Refuse staff	9.71
		Cleaning staff	9.75
	2012/13	Refuse staff	9.50
		Cleaning staff	12.26
2013/14	Refuse staff	10.31	
	Cleaning staff	6.81	

Nottingham City Council – Service Area Breakdown

Service Area	2010/11	2011/12	2012/13
Chief Executives Group	8.91	5.98	8.29
Children & Families	13.17	11.99	11.53
Communities	12.44	11.55	12.42
Development	9.22	8.51	9.72
Resources	8.29	8.61	8

The sickness levels for waste services in FTE days between 2010 and 2013, which in Nottingham City Council was called 'City Services' were as follows:

Waste Services	Result Date	Total FTE days lost per person
Nottingham Council	2010-2011	16.81
	2011-2012	11.29
	2012-2013	13.97

Question 3 Responses – Age Profile for Authority and Waste Services

6. Only those authorities below were able to provide the data following single status:

Bristol City Council

Age Profile as at 31.03.14

Age Range	Staff
16 – 24	267
25 – 34	1,087
35 – 44	1,631
45 – 54	2,385
55 – 64	1,604
65 – 70	193
70+	75

Liverpool City Council

Age Profile as at 31.03.14

Age Range	Staff
16 – 24	159
25 – 34	578
35 – 44	973
45 – 54	1778
55 – 64	1184
65 +	174

Nottingham City Council

Age Profile as at 31.03.14

Age Band	All Staff	City Services
16-19	74	28
20-24	342	59
25-34	1221	60
35-44	1643	89
45-54	2273	173
55-64	1331	111
65+	140	9
Grand Total	7024	529

Manchester City Council – Service Area Breakdown

It is not possible to provide a breakdown to reflect waste/ cleaning services for Manchester due to single status:

Age Profile as at 31.03.14.		
Department	Age Range	%
Corporate Core	< 20	0.12
	>= 70	0.12
	20 - 29	2.61
	30 - 39	8.31
	40 - 49	11.41
	50 - 59	11.50
	60 - 69	2.31
Growth & Neighbourhoods	< 20	0.03
	>= 70	0.03
	20 - 29	1.12
	30 - 39	4.58
	40 - 49	5.76
	50 - 59	7.27
	60 - 69	0.76
Children's & Families	< 20	0.15
	>= 70	0.50
	20 - 29	3.29
	30 - 39	8.62
	40 - 49	13.72
	50 - 59	14.01
	60 - 69	3.78
Grand Total		100

Newcastle City Council – Service Area Breakdown

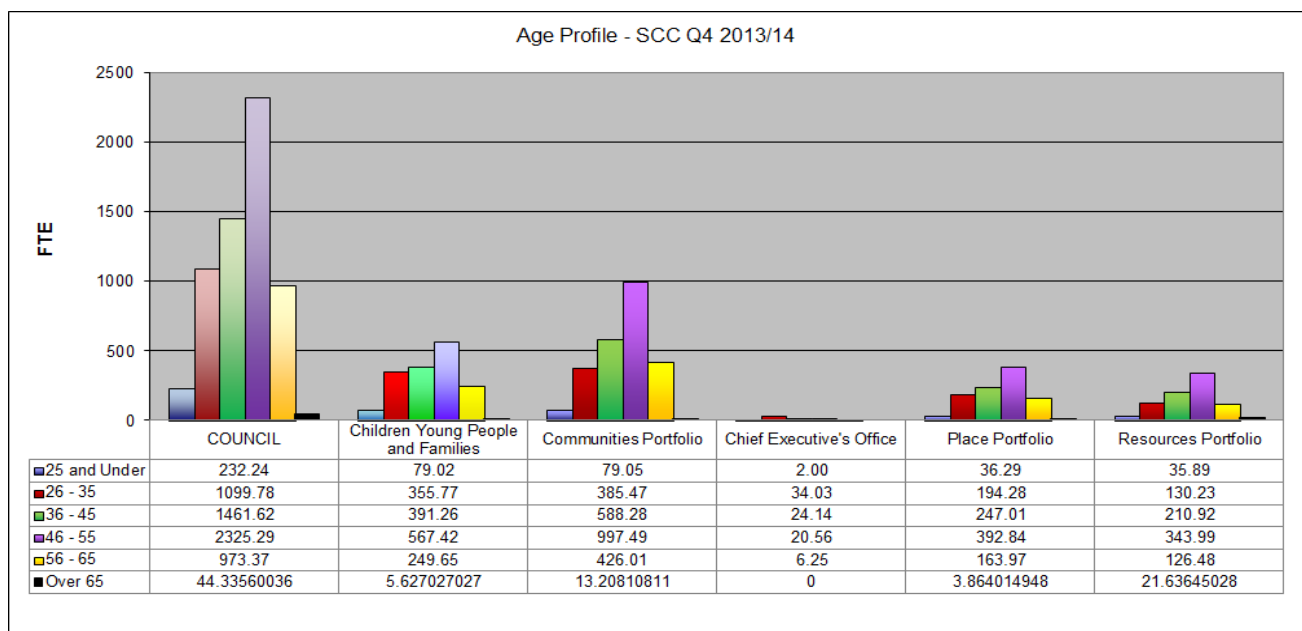
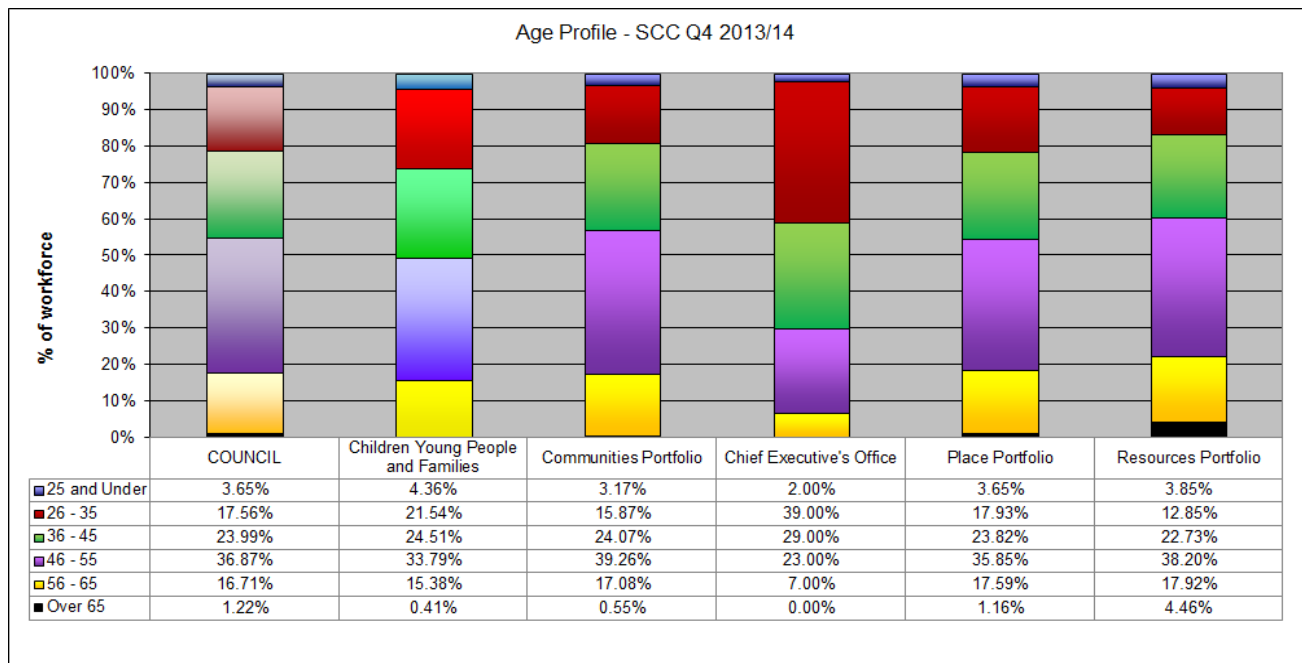
Age profile as at 1 April 2014						
Count of Pers.No.	Age Range					Grand Total
	16 TO 24	25 TO 44	45 TO 64	65 TO 74	75 AND OVER	
Directorate						
Assistant Chief Executive's	3	141	133	4		281
Communities	97	1042	2068	54	6	3267
Investment and Development		69	50			119
Resources	61	299	387	2		749
Schools	189	2119	1851	50	2	4211
Tyne and Wear Archives & Museums	26	109	92	2		229
Wellbeing, Care and Learning	26	837	1091	32		1986
Grand Total	402	4616	5672	144	8	10842

Age profile as at 1 April 2014

Count of Pers.No.	Age Range	Age Range				Grand Total
		16 TO 24	25 TO 44	45 TO 64	65 TO 74	
Directorate	Personnel Subarea					
Communities	Street Services	2	56	186	1	245
	Waste, Rec & WM	3	46	90		139
Communities Total		5	102	276	1	384
	Grand Total	5	102	276	1	384

Sheffield City Council

The graphs below illustrate the age profile of the Council as a whole and the five portfolios as at Quarter 4 2013/14. Household waste services in Sheffield are provided by Veolia Environmental Services under an integrated waste management contract. We therefore have no data relating to their age profile.



Question 4 Responses – Separate Sickness Policy for office / manual workers

7. All authorities confirmed that they only have one Managing Sickness Absence procedure which applies to all council staff. However, Nottingham City Council's Employee Health & Wellbeing team provides a number of health checks specifically for manual workers, including hand-arm vibration syndrome checks, hearing tests, sleep pattern checks for night working and confined spaces checks.

8. Bristol and Sheffield City both outsource their waste services. Bristol's waste services (bin collection and recycling) are out-sourced to May Gurney:
<http://www.bristol.gov.uk/press/recycling-rubbish-and-waste/new-%C2%A396-million-waste-contract-means-fresh-approach-bristol>. However, cleaning of council property is still undertaken in-house. Sheffield's waste services are outsourced to Veolia.

Question 5 Responses – New Initiative to reduce sickness absence levels

Birmingham City Council

Has introduced changes whereby employees can be assisted earlier via a final case hearing system to determine what assistance can be offered to an employee to assist them to return to work in a timelier manner than was previously the case. A new employee assistance programme is now in place to support employees.

Bristol City Council

A new Employee Assistance Programme (EAP) initiative was implemented on 1 April 2013. Details of the programme are as follows:

The EAP provides confidential support, which is available to employees 24 hours a day and 7 days a week. If they are experiencing issues / concerns either at home or at work, then EAP is on hand to provide support and guidance to them wherever they are. The service is fully confidential and employees are able to refer themselves for support rather than requesting this via their manager.

The team of trained counselling practitioners offer discreet, independent and unbiased guidance in a range of ways. These include:

- Over the phone
- Online
- Face to face appointments
- Mediation (this must be referred by Occupational Health):

Over 1,000 employees have called the EAP service and 200 employees have had a face-to-face appointment with the EAP since its launch earlier this year. There is no waiting list. Where appropriate, employees have been able to access face to face counselling within ten days of initial referral. Feedback from employees using the service has been extremely positive.

Leeds City Council

Have introduced a corporate target for sickness absence (not disclosed) and every employee who triggers this is placed on Stage One of their internal policy.

Liverpool City Council

Have introduced new sickness trigger points (not disclosed) to prompt managers to address short term absences along with a series of new review meetings with timescales attached for addressing long term absences. However, these were only introduced six months ago, so it is too early at this stage to identify any clear impact or trends regarding reductions in overall sickness absence.

Manchester City Council

They have introduced proactive support from HR to managers on short term absence. There is targeted intervention linked to some of the major causes of absence and health checks for employees. There are specific activities within the Directorates with the highest absence rates. The below report details ongoing measures to reduce absence by the Human Resources Scrutiny Sub-Group.

http://www.manchester.gov.uk/download/meetings/id/16727/2_attendance_monitoring

Newcastle City Council

HR holds regular sickness surgeries with managers to discuss sickness absence and strategies to help enable staff to return to work or achieve sustainable attendance levels. The Council has a 24 hour counselling helpline for all staff. Directors run monthly sickness challenge meetings with their managers to discuss staff with a Bradford Factor of 500+. These meetings are also a way of ensuring consistency of approach across council directorates when managing sickness absence. Staff are referred immediately to Occupational Health for reasons relating to stress/anxiety/depression and musculoskeletal (these are the two main reasons for sickness absence at Newcastle). The period of a formal sickness warning was recently extended from 6 months to 12 months.

Newcastle has introduced the following 2 new policies to provide more support to staff with caring and disability related health issues:

- Disability Related Special Leave
- Leave for Carers of Terminally Ill Dependents

The Council has recently launched their Wellbeing at Work booklet and as part of their Health at Work Award they have held health and wellbeing workshops across a range of council depots and offices. These workshops offer staff the following:

- Blood pressure test
- Cholesterol test
- Diabetes check
- Body composition analysis
- Healthy eating advice
- Back massage taster sessions

Staff were then given additional support/directed to their GP if their test results showed cause for concern.

Nottingham City Council

Has undertaken several 'Improving Attendance' road shows for employees to attend, in addition to undertaking an employee survey questionnaire to help further understand how issues of absence can be corporately addressed. The outcomes of this will be feed into new strategies for improving attendance.

Sheffield City Council

There has been an overall reduction in sickness levels compared to last year and links to improving managerial skill in tackling sickness absence and a focus on the issue within services. Children and Young People's Portfolio has used workshops and a courageous conversations approach to dealing with sickness levels. The Portfolio has also invested in their approach through the purchase of additional HR support. A new Managing Absence Procedure has recently been launched replacing the Managing Absence and Capability at Work procedure. It includes new sickness absence trigger points and provides managers with a framework for identifying and supporting employees back to work as quickly and effectively as possible.

CONCLUSION

The Council is currently reviewing its Attendance and Wellbeing Policy and Procedures and will pay close attention to the initiatives implemented from other authorities in an attempt to further reduce our level of sickness absence. It is encouraging to see that Cardiff shows more positively than 5 authorities on average days lost for 2013/2014. Early intervention with employee support appears to be the key in tackling absence management. 2 authorities provide a 24 / 7 confidential employee counselling service with no waiting lists. HR surgeries are held with managers along with skills training to tackling sickness related absences and health checks are used with feedback on managing any conditions effectively to reduce the likelihood of future absences.

EMPLOYEE RELATIONS TEAM

HR PEOPLE SERVICES

October 2014

My Ref: T: Scrutiny/PRAP/Comm Papers/Correspondence

Date: 5 June 2015



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Cardiff,
CF10 4UW
Tel: (029) 2087 2087

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Caerdydd,
CF10 4UW
Ffôn: (029) 2087 2088

Councillor Graham Hinchey,
Cabinet Member, Corporate Service & Performance,
Cardiff Council,
County Hall
Cardiff
CF10 4UW

Dear Councillor Hinchey,

**Policy Review & Performance Scrutiny Committee: 2 June 2015
Attendance & Wellbeing Policy Review**

Please accept my thanks on behalf of the Committee for attending the Policy Review and Performance Scrutiny Committee to facilitate consideration of the Attendance and Wellbeing Review. Please also pass our thanks to your officers who supported the scrutiny. The Committee has asked me to pass on the following comments and observations.

Overall the Committee considers that the direction of travel of sickness absence is clearly in the right direction, however we feel that there is still some way to go on the journey. We suggest that, to have a more dramatic impact on the figures, greater urgency is required. Members were encouraged to hear that you will continue reviewing the policy, and when sickness absence reaches a plateau you will consider further measures. However it is Members' view that at some point the Council should consider setting harder targets and timescales, and if these are not achieved then the Council should consider revising the policy. Members feel this view is justified given the significant cost of high sickness levels in services where agency staff are brought in to cover. The Committee would urge it is important that the Trade Unions continue to be a part of this journey.

The Committee wishes to endorse the existence of an HR Central Sickness Team, noting that both the Environment, and the Sports, Leisure and Culture Directorates consider the support received from the team has been critical in assisting them to tackle sickness levels. They recognise the impact such support has had, and would therefore support its continuation going forward.

During our discussion Members felt strongly that the strengthening of Occupational Health support will be a positive action in lowering sickness levels. They wish to add their weight to the views expressed by the Directorates they heard from at the meeting, that there is an opportunity for stronger, more challenging, occupational health support. For example, Members feel it would be helpful to take action if a

member of staff misses a first occupational health appointment. They also wish to propose that pay is stopped where occupational health appointments are repeatedly missed. Members are interested in the cost to the Council of missed appointments, particularly where those appointments have required the Council to book specialist sessional doctors.

More generally, the Committee wishes to point out it considers it appropriate that the Council is more flexible with trigger points where there are long term sickness issues, for example where an employee has cancer and is undergoing radiotherapy. Members are most keen to support phased return to work from sickness absence, and welcome the recommendation of the review that staff be allowed to return to work without a doctor's note.

The Committee wishes to re-state its view that the key to achieving success from the freshly reviewed policy is the quality of implementation by all managers. Members feel that management accountability for tackling sickness absence is key. The Committee raised the matter of how managers are held to account for their team's sickness absence levels over the period of a reporting year. They considered that, whilst sickness absence is a routine part of the Challenge Sessions, as compliance and training in policy implementation is key, a strengthening of holding managers to account might be appropriate.

Members were interested to note that work related stress is automatically referred to Occupational Health; and that the manager is expected to identify the source of a stress related illness. Therefore they wish to suggest that sickness absence e-training for managers be made mandatory.

A few Members suggested that in some cases accidents that lead to long term sickness absence may be resolved sooner with private health care. They felt there may sometimes be a business case for earlier referral to a consultant. The Committee was therefore pleased to hear that HR is looking into Employee Attendance Support packages for staff.

Members found it most useful to hear the experiences of two frontline services in tackling sickness absence, noting that there are challenging differences between those Directorates with many frontline workers exposed to sickness bugs in dealing with the general public. They were pleased to hear that the Sport Leisure and Culture Directorate trains all duty managers in the sickness & absence policy; has in place a Directorate action plan to tackle sickness absence levels; and monitors patterns of absence. They note also the particular difficulty faced by the Environment Directorate in achieving all Return to Work interviews within 3 days, due to the mobile nature and shift working patterns of operatives.

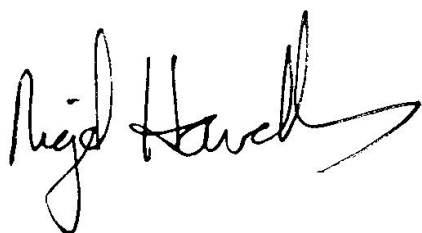
You will be aware that the Committee has flagged up the value of comparative performance data on many occasions, particularly with regards to non-Welsh authorities. We were therefore pleased to note the core city sickness data

comparisons you provided. Whilst this is reassuring, the Committee feel rather than comparing the City just with core cities, it would be enlightening to compare the Council with large organisations within business and industry. Members are aware, for example, that organisations that gave evidence to its *Infrastructure Business Model & Alternative Delivery Options* task group typically suggested they would be seeking to reduce sickness to 3 days FTE per annum.

With regard to DigiGov, the Committee wishes to highlight the risk of inaccurate manual inputting of sickness data. The officers confirmed those checks are not currently a part of any existing audit and Members were pleased that you consider auditing the accuracy of data would be a good idea, and is achievable.

During the meeting, the Committee requested clarification of the final sickness 2014/15 outturn figures for Waste Operations. We would be grateful if this could be forwarded.

Once again on behalf of the Committee, please pass my thanks to all who attended PRAP Scrutiny Committee to brief Members on the review of the Council's Attendance & Wellbeing Policy.



Yours sincerely,

COUNCILLOR NIGEL HOWELLS
CHAIR, POLICY REVIEW AND PERFORMANCE SCRUTINY COMMITTEE

cc Christine Salter, Corporate Director Resources
Philip Lenz, Chief Human Resources Officer
Lynne David, Operational Manager, Human Resources
Jane Forshaw, Director of Environment
Malcolm Stammers, Operational Manager, Leisure & Play
Cabinet Office
Members of the Policy Review & Performance Scrutiny Committee