

POLICY REVIEW AND PERFORMANCE
SCRUTINY COMMITTEE

28 November 2012

Attendance & Well Being Policy

Reason for this Report

1. To present the Committee with an opportunity to consider the draft Attendance and Well Being policy prior to its consideration by the Cabinet on 6th December 2012.

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 group reported on sickness performance, policy, responsibility, improvement, prevention and schools, arriving at 19 recommendations from 41 key findings.
3. Attached at **Appendix 1** is a copy of the Key Findings and Recommendations made by the Committee. A full copy of the report can be found on the Council website at www.cardiff.gov.uk/scrutiny. From the left hand menu click on the Committees link, reports online, Managing Attendance.
4. The task and finish group reported back to the Committee in October 2011, and the agreed final report was considered by the Executive in January 2012. The response attached at **Appendix 2** was agreed by the

Executive at its February 2012 meeting, accepting 13 recommendations, partially accepting 5 recommendations and rejecting 1 recommendation.

5. Following consideration of the Executive response the Committee wrote to the Executive Member Finance & Service Delivery specifically to capture some outstanding concerns they felt the new Committee may wish to reflect upon when considering Attendance matters in the future and planning their work programme for 2012-13. The letter is attached at **Appendix 3**.
6. The new Administration has indicated that the management of attendance will be a key consideration for the Council. It has therefore developed a draft policy that complies with the Equality Act 2010, and has been benchmarked with other authorities in working consultation with representatives from Service Areas and schools.

Issues

7. The draft Attendance and Well Being Policy, which is still subject to consultation, is attached at **Appendix 4**. This Policy and Procedure, if approved by the Cabinet, will apply to all employees of the Council, irrespective of status and/ or grade, except those employed directly by Schools. There is a separate Policy for schools based on this policy that has been commended to school governing bodies. (Members will note from Appendix 1 that Recommendations 17-19 of the Committee's Inquiry relate directly to schools' management of attendance.)
8. The draft Attendance and Well Being Policy will replace the existing Sickness Absence Policy and includes a section on how the Council will address the health and well being of employees. The new policy includes a section on special leave, critical illness, additional guidance on mental health issues and reasonable adjustments for people with disabilities under the Equality Act 2010. It includes a statement of intent on health &

wellbeing and proposes a managed programme be implemented in the near future.

9. In respect of Short Term sickness, the draft policy outlines the following proposals:

- Non payment for the first three days of sickness absence. Sickness absence from the fourth day will be eligible for payment if employees have fully complied with sickness reporting arrangements. Further details can be found in Appendix 4 - Section 3 Sickness Absence Procedure, paragraphs 19-20;
- Implications for managers who do not properly manage sickness absence. The management of sickness absence is a key element of the Personal Performance and Development Scheme and the draft Policy makes it clear that failure to manage sickness absence could lead to disciplinary action under the Council's Discipline policy and Procedure (Section 3 para 1);
- The 'Return to Work' interview (whereby managers meet employees following a period of sickness and which is regarded a key element of supporting employees and managing sickness absence) would be made an informal stage of the Sickness Absence procedure (Section 3 paragraphs 41-44);
- The reduction of the number of formal stages of the Sickness Absence procedure from four to three. The procedure would comprise of:
 - a Formal First Written Caution (following a 'trigger point' of two absences within a six-month rolling period or if a pattern of absences is causing or is likely to cause difficulties) ;
 - Final Written Caution Stage (following four absences within a 12-month rolling period or a number of other trigger points); and
 - Potential Termination of Employment (following six absences within an 18 month rolling period, or a number of other triggers);Further details of these stages and 'trigger points' can be found in paragraphs 45 – 55 of Section 3 of the draft Policy;

- The reduction the number of absences required to hit these ‘trigger points’;
- An additional ‘trigger point’ of the number of days of sickness absence (whereas under the current Policy only the number of instances of sickness absences lead to each formal stage of the Sickness procedure).

10. In respect of Long Term sickness absence the draft policy proposes the following:

- bringing forward contact visits which managers must complete with employees on long term sickness absence. Currently managers must undertake a contact visit after four weeks of absence, but this would be reduced to two week under the draft Policy (Section 3 - para 67)
- earlier referral to the Occupational Health Service, straight after first contact visit at two weeks (Section 3 - para 74); and
- earlier case conferences between the line manager, HR People Services, the employee and Trade Union representative, bringing them forward from conferences after six and nine months of absence to three and six months of absence (Section 3 - para 62).

11. Councillor Russell Goodway, Cabinet Member, Finance, Business & the Local Economy; Philip Lenz, Corporate Chief Officer (Shared); and Lynne David, Centre of Expertise Manager will be in attendance to answer any questions Members may have.

Legal Implications

12. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct legal implications. However, legal implications may arise if and when the matters under review are implemented with or without any modifications.

Any report with recommendations for decision that goes to the Cabinet/Council will set out any legal implications arising from those recommendations. All decision taken by or on behalf of the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirements imposed by law; (c) be within the powers of the body or person exercising powers on behalf of the Council; (d) be undertaken in accordance with the procedural requirements imposed by the Council e.g. Scrutiny Procedure Rules; (e) be taken having regard to the Council's fiduciary duty to its taxpayers; and (he) be reasonable and proper in all the circumstances.

Financial Implications

13. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct financial implications at this stage in relation to any of the work programme. However, financial implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any financial implications arising from those recommendations.

RECOMMENDATION

The Committee is recommended to consider the draft Attendance & Well Being Policy and whether it wishes to report any comments, concerns or observations to inform Cabinet consideration of the policy at its meeting on 6th December 2012.

MIKE DAVIES

Head of Scrutiny, Performance & Improvement

22 November 2012

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A Report of the
Policy Review and Performance Committee

Managing Attendance

September 2011



County Council of The City and County of Cardiff

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CHAIR'S FOREWORD

In 2005 the Committee's original Inquiry into Sickness Absence identified that Cardiff Council's policy and procedures compared well with "best practice" and that future progress would be dependent on full and professional implementation of the policy. Six years on, whilst it is clear that the organisation has indeed made progress in reducing long term absence, short term absence remains high. It is also the case, of course, that effective attendance management is much more than policy and procedures.

The public sector faces contracting budgets and increasing service expectation and we need to recognise the effect of sickness absence on these factors. The task group therefore aspires to a level of progress that acknowledges the contract between employer and employee, the duty to ensure the workplace is not a cause of sickness ensuring that appropriate and caring support is provided for those suffering genuine illness. On the employee's part we should expect a commitment to full attendance unless they are genuinely sick. The Council's productivity and future success rely on a happy, healthy and committed workforce.

Through all our discussions ran the importance of strong, consistent and compassionate leadership, in touch with individuals and their work performance. Those in charge must take full responsibility for managing attendance and be fully empowered to implement the actions necessary to do so. In short we are recommending an adjustment and tightening of the policy whilst introducing greater flexibility for line managers, thereby giving them the tools, powers and incentives to secure an improvement in attendance.

Importantly our research suggests that there are directly comparable organisations that have made greater progress in managing attendance than Cardiff Council. Some have reduced their average annual sickness absence levels by as much as six days. We conclude therefore that sound policy,

consistent leadership, flexibility and an eye on future innovative approaches to well being are the keys to progress.

Finally I feel special mention should be made of our findings in respect of schools where I and my colleagues feel there is an imbalance in arrangements to support attendance management through the Mutual Fund. Our recommendations seek to start incentivising schools' management to make progress in reducing sickness absence.

My sincere thanks to the internal and external witnesses that have contributed to this Inquiry and to my colleagues, Councillors Roger Burley and Paul Chaundy and our co-optee Jonathan Lloyd of the WLGA. All contributions were professional, balanced and incisive and have resulted in a report which I commend to the Executive.

A handwritten signature in cursive script that reads "David Walker".

Councillor David Walker
Chair, Managing Attendance Task Group

TERMS OF REFERENCE

1. The Terms of reference for the inquiry are as follows:

To review existing sickness absence levels in light of measures taken since 2005; and examine the potential for improving the Council's management of attendance by:

- (i) reviewing existing challenges in managing attendance
- (ii) clarifying the role of leadership and performance management in sickness absence
- (iii) identifying successful new policies and practices, for the Council's future consideration in tackling sickness absence

2. The Committee agreed that the Membership of the task & finish group would comprise:

Councillor David Walker (Chair)

Councillor Paul Chaundy

Councillor Roger Burley

Jonathan Lloyd, WLGA (co-optee)

KEY FINDINGS

The successful management of both short-term and long-term absence is vital in a public sector environment of contracting budgets and increasing service expectation. Effective attendance management is more than policy and procedures; it is fundamentally dependant on the willingness of senior management to regard it as a priority; the ability of line managers to competently deliver policy; the consistent application of trigger points as a means of monitoring potential attendance problems; planning interventions and the support of occupational health.

Attendance management can prove a complex and contentious issue and in the opinion of the Committee should be addressed with a structured consistent approach. While unique strategies can be employed to diminish short and long term absence the management of sickness absence is most effective through a range of targeted measures and improvements in working practices used to effect a 'cultural change' within the organisation.

The Committee acknowledge that significant progress has been made in reducing long term sickness absence levels, but have received evidence which confirms that short term absence levels remain a challenge for the Council. The Committee are mindful that appropriate and caring support should be provided for those suffering genuine illness, however the tightening of procedures is a logical approach and therefore the key findings and recommendations of this inquiry are aimed at tackling short term sickness absence levels.

The Committee have identified the following key findings:

PERFORMANCE

KF1 In 2010/11 the Council's annual sickness absence was 5.5% or 11.45 days per FTE employee per annum. The 2011/14 Corporate Plan has a target for 2011/12 of 10.73 days.

KF2 Sickness absence is a key problem which managers are struggling to tackle and some service areas are having more difficulty because of the nature of the services they are delivering. In 2010/11 sickness absence in Waste Management ranged from 10.10% to 13.64% over the year, an average 21 days per person per annum. The same year sickness absence in Adult Services was 18.5 days per person per annum.

KF3 The role of performance management in improving and monitoring sickness absence levels is crucial. The performance management culture in Cardiff needs development. As a part of improvements Corporate Managers will have three critical corporate objectives to achieve. Sickness absence reduction; complete 100% of Personal Performance & Development Reviews (PPDR); and an Equality based objective, in addition to service related performance objectives. All Operational Managers will have sickness absence targets within their Personal Performance & Development Reviews. Where there is inertia in applying the policy within a team the Operational Manager, Chief Officer and Corporate Director risk failing to meet personal targets.

KF4 A recommendation of the Committee's 2005 sickness absence report was that reporting sickness absence at the highest level on a regular basis is essential. This high level monitoring is now taking place and both the Executive and Corporate Management Board routinely consider performance statistics quarterly. This should be maintained as a fundamental indicator of performance.

KF5 In future performance reports will be considered regularly by the Corporate Management Board. As part of the report each service area will

report on sickness absence. Sickness absence data is currently reported monthly at Waste Management Team Briefings as a matter of course and this practice should be extended to all service areas. Adult Services has set itself a target and has achieved some success in reducing long term sickness absence over the past year. It would be beneficial for the Chief Executive to ensure that all services have sickness absence targets.

KF6 Training for managers in attendance management is a fundamental element of the process of managing sickness absence. The effectiveness of training needs to be kept under constant review.

KF7 In July 2006 sickness absence in Kent County Council was 11 days per employee. A four year plan has been implemented and sickness for 2010/11 is 7.84 days per employee. Kent's achievement provides an attainable benchmark and timeframe for Cardiff Council.

POLICY

KF8 The use of pre-specified 'trigger points', or points at which the level of sick leave results in management action, is an effective tool in managing sickness absence.

KF9 The task and finish group researched a number of organisations whose sickness absence levels are falling, including police authorities (Dyfed Powys Police, Gwent Police, Humberside Police), local government (Croydon Council, Kent County Council, Vale of Glamorgan Council), and organisations such as Royal Mail and Welsh Government. All of these organisations' sickness absence policies use volume of absence as well as frequency of absence as trigger points. All have sickness absence levels less than 10 days per annum.

KF10 The Council's existing four stage policy (with two stages in stage one) is complex. Some Councils use formal interventions at a much earlier stage of the sickness absence management procedure than is currently the case in

Cardiff. Evidence suggests that organisations which have a three stage sickness absence policy have been effective in reducing sickness absence.

KF11 Managers with responsibility for the Council's largest frontline service operations expressed concern about their ability to manage attendance performance using the existing policy. They also identified that the challenges of reducing levels of sickness absence in frontline services required greater flexibility when dealing with the most persistent and difficult cases. A revised policy should allow them to take approved measures to overcome cultural barriers to improving attendance. A number of senior managers of frontline service areas feel it would be helpful if the trigger points for each stage of the policy were based on volume *as well as* frequency of absence. Evidence points to the need to empower managers and build greater flexibility. The option to remove sick pay for the first three days should be a tool at the disposal of the line manager in circumstances where other measures are not proving to be effective.

KF12 Several senior managers reported that the existing sickness absence policy makes it complex and difficult to dismiss an employee when the various stages of the policy have failed to secure an improvement.

KF13 The informal stage 1a and 1b of the existing policy have little impact on sickness absence and can contribute to delayed resolution of a situation. Frontline service deliverers report that it is often at stage 2, '*first formal written caution stage*' that staff become aware that their attendance is cause for concern.

RESPONSIBILITY

Strategic and political leadership

KF14 There is a need for strategic, firm and decisive implementation and monitoring of sickness absence. The Executive Member with portfolio

responsibility for human resources has a key role in proactively leading and monitoring sickness absence. In the Vale of Glamorgan the Executive Member has played a full and active role in overseeing the new attendance management policy, meeting individually with senior managers on sickness matters within their service areas and driving implementation of the policy to a successful conclusion. *(From 14.7 to 8.33 days in the past five years)*

KF15 The Chief Executive and senior management have an important role in providing strategic oversight and monitoring attendance. The engagement of senior officers with the issue of sickness absence management is often indicative of the priority the subject is accorded by the organisation. Therefore attendance management should remain an essential part of the performance management framework of all Chief Officers in the Authority

Confident, active line management

KF16 One of the most important factors in managing sickness absence is the critical role of effective and proactive line management. Such effectiveness depends upon a good understanding of policy and procedure, confidence, sensitivity, and discretion in ensuring that individual circumstances are handled appropriately.

KF17 In addressing persistent absenteeism managers must face the need to hold difficult conversations with those involved. They also need to acquire the skills to have these conversations effectively. Some pilot training is underway but needs to be extended to embrace all service areas and all who line manage others.

KF18 Managers need social skills as well as the confidence in managing attendance. They need to give encouragement when staff are successful in reducing sickness and importantly be aware of mental health wellbeing as well as the physical health of their teams.

Consistent application and human resources support

KF19 It is vital that HR People Services give consistent advice and support to line management. Some service areas report a lack of consistency in the interpretation of the policy by HR People Services.

KF 20 The proposed policy changes in this report provide an opportunity for new training initiatives. This includes understanding the policy and three stage approach, conducting difficult conversations and return to work interviews.

KF21 HR People Services currently lack the authority to intervene in service areas where they consider policies are not being appropriately applied or where other attendance management shortcomings are evident.

KF22 There is an opportunity for HR People Services to offer practical support by facilitating a redeployment service that co-ordinates cross service vacancies for redeployment. The service could make provision for temporary and permanent redeployment to lighter duties on medical grounds across the Council.

IMPROVEMENT

KF23 The whole Council needs to take a 'no tolerance' approach to the abuse of the sickness absence policy which is designed to deal with genuine sickness. Service areas which have recognised this have started to address the cultural factors contributing to high absenteeism. However this process has not been developed further throughout the Council.

KF24 Most external organisations interviewed for the inquiry found that trade unions worked closely with them to reduce sickness absence. Many trade unions recognise that good attendance levels results in cost savings for the organisation thus re-enforcing job security. However in some Councils when policies were tightened not all trade unions were prepared to support such

changes. Examples were quoted of Councils that proceeded without trade union support, succeeded in reducing sickness absence, and were satisfied with outcomes. Trade union support, whilst highly desirable, is not a prerequisite for policy changes and the tightening up of procedures.

KF25 Occupational Health can provide interventions to help individuals to return to work earlier. The Council's Occupational Health service has been in place since 2006 and is now well established but not used to its full effectiveness by all service areas

KF26 Managers are provided with a range of questions they should be asking an employee before referral to Occupational Health. It is considered that the Occupational Health service is not valued by all of its users within service areas and suffers as a result. There needs to be a greater requirement on managers to action the advice of Occupational Health and routinely involve the service in all relevant service area senior management discussions on sickness absence.

KF27 There are many opportunities for improving the depth and breadth of the Council's Occupational Health service. Examples were quoted of employees failing to attend occupational health appointments even when doctors had been booked to see employees. Such irregularities made planning Occupational Health services difficult and added unnecessary costs. Service area managers have not prioritised monitoring the attendance of employees at occupational health appointments and this shortcoming needs to be addressed. One option is automated text alerts.

KF28 There are many causes for Occupational Health referrals which are mental health related. Individuals might be having difficulty coping with their job roles, resulting in stress or anxiety. Treatments such as cognitive behavioural therapy (CBT) have proved to be helpful to employees suffering from these debilitating symptoms. CBT referrals are low in number and although all cases that are considered appropriate for CBT are currently referred by the OH service there remains scope to broaden the take up of

such therapy through earlier referral. Few schools recognise the opportunity to refer employees with mental health problems and initiatives to encourage schools to use this service would be beneficial. The Equality and Human Rights Commission have prioritised mental health wellbeing as one of their two key workplace issues, and have developed a manager's toolkit to support organisations.

KF29 In some organisations employees can request referral to occupational health whilst at work. This has the benefit of early diagnosis and prevention.

KF30 Occupational health referral to MRI scanning is not currently an option for the occupational health service. Early MRI assessment can be beneficial in making prompt diagnosis of illness particularly muscular skeletal injuries. An employee with a muscular skeletal injury could wait months for an NHS MRI scan. Accessing early support through the private sector could decrease pain and discomfort, speed up recovery and reduce time off work.

KF31 Taking into account the requirements of the Equality Act 2010 the appropriate use of sickness absence records to inform decision making when appointing to posts is an important use of these records that justifies in some part the cost of collection. It is important such data is available to all those making selection decisions.

KF32 In some service areas with high levels of sickness absence new sanctions have been introduced. This means that some staff who have been absent may not be eligible for overtime until they have completed a further week's work. Employees failing to adhere to the sickness absence policy may lose the right to further payment for time off.

KF33 In some cases Waste Management demand medical certificates from employees before the 7 day period has expired. Managers report that this new procedure has contributed to some reduction of absence levels within the service area.

KF34 Waste Management has developed a checklist of questions to be asked when a member of staff telephones to report they are sick. Line managers are trained to conduct the 'conversation' using the checklist. This approach to the initial phone call is aimed at making staff more aware of the impact their absence will have on operational effectiveness. There is scope to introduce this approach in other service areas with high absence rates.

KF35 The introduction of DigiGov should support more effective application of the sickness absence policy by improving knowledge and accountability. DigiGov reduces the burden of remembering when action is required in managing a sickness absence case. DigiGov will also create an opportunity for analysis of patterns of absence. Managers need to examine these patterns to identify areas of concern. DigiGov needs to be sufficiently flexible to accommodate changes to the sickness absence policy and ensure new targets that are set for service areas are integrated into the system and monitored.

Both HR People Services and senior management will be able to use DigiGov to examine trends across all service areas. It will also show actions taken by managers or failures to address absence issues. Managers at all levels will be provided with a DigiGov overview of absence management activities within their area of control.

PREVENTION

KF36 Whilst recognising that the existing Cardiff council sickness absence policy needed to be tightened, the Committee also recognised the potential benefits of well-being policies to support improvements in attendance. Organisations such as UWIC adopt a pro-active attendance management approach where the corporate aim is "to improve organisational performance through encouraging a healthier and more engaged workforce" Well-being initiatives taken by UWIC to encourage a healthier and more engaged workforce included:

- Active transport initiatives;

- Counselling support services;
- Advice on health psychology; public protection; nutrition & dietetics; sport and exercise;
- Complementary therapies; and
- A well being approach which specifically targets stress related absence.

KF37 The Committee heard accounts of reward systems that sought to incentivise improved attendance. These included:

- Prize draws;
- Additional leave;
- Small value gifts; and
- Formal letter of recognition

However the Committee concluded that attendance is a contractual requirement which should not require incentivisation and that recognition is implicit in leadership practices.

SCHOOLS

KF38 For those schools that have adopted the Council's sickness absence policy there is little monitoring of the consistency of application. The governing body of a school decides which sickness absence policy it should adopt, guided by the Head Teacher and advised by the Local Education Authority. A small number of governing bodies of schools in Cardiff have not adopted the Councils Sickness Absence Policy. The following absence issues were also noted:

- A number of schools do not carry out return to work interviews in spite of reminders by the Chief Schools Officer
- Not all governors have access to sickness data
- Not all sickness absences are recorded

- Absences of head teachers in particular were often not properly recorded
- There is drift in managing long term sickness management within some schools.

KF39 The introduction of DigiGov in all schools will offer opportunities to improve the monitoring and management of sickness absence. It will be the Head Teacher's and governors' responsibility to monitor sickness; however HR People Services will be able to monitor the sickness position at any school at arms length. This will allow them to monitor sickness absence in schools and raise the profile of the management of short term absences in schools. It will also enable HR People Services to advise the Chief Schools officer of issues of concern and offer advice to schools where serious shortcomings are identified.

KF40 There is some concern about the sustainability of the Mutual Fund to support the current policy to fund all supply cover for staff sickness over 10 working days. Evidence collected from other Welsh LEAs suggests in many other authorities access to the fund is at 15-20 days. In Cardiff the first two weeks of supply cover is paid by the school and thereafter the LEA will continue funding the necessary supply cover. There is therefore little incentive for a school to actively manage long term sickness absence.

KF41 For 2011/12 the Mutual Fund is valued at £4million, £1.6m for short term sickness and £2.4m for long term sickness. The Mutual Fund is consistently overspent. All members are obliged to fund the overspend. In 2010 the fund was 20% overspent. Payment into the fund is proportionate to the school size, based on pupil numbers. This system does not incentivise schools to reduce their use of the fund, a situation that needs to be redressed. There is a clear link between the sickness absence policy and the Mutual Fund that needs to be developed. Schools must take more responsibility for sickness and should be incentivised to manage sickness more effectively rather than rely on the Mutual Fund.

RECOMMENDATIONS

R1. Managing attendance has become a key priority for the Council with improvement driven forward by its most senior political and managerial leaders. The Committee propose that further improvement can be made and recommends that the Council should update the next published Corporate Plan 2011-14 by setting more challenging targets for a reduction in sickness absence per FTE to 9.7 days in 12/13; 9 days in 13/14 and 8.5 days in 14/15.

Supported by Key Findings KF 1, KF 7, KF14 & KF15

R2 It is essential that stretching attendance targets are set for all service areas. Waste Management and Adult Services impact significantly on the Council's sickness absence outturn and priority should be given to making a high level impact on these service areas. In reviewing attendance performance with senior management the Chief Executive should agree and confirm challenging targets to reduce absence levels for each service area.

Supported by Key Findings KF2, KF3, KF4, KF5

R3 The Committee recommends that the Council's Sickness Absence Policy is revised to reduce the number of stages from four to three. The following approach is recommended, acknowledging that parts of the recommended approach are already reflected in the current policy whilst others are new recommendations.

Informal Absence Management – Return to Work

Following any period of sickness the employee will be interviewed by the line manager on their return to work, so that any underpinning reasons for ill-health may be explored. Any health, work, personal or social reasons identified to be recorded on DigiGov. Referral to Occupational Health or a workplace assessment will be considered at this stage. The employee to be reminded that any sickness absence is a cause for concern, advised that future sickness absence will be monitored and a further period of absence

within a six month period will instigate the formal sickness absence procedure.

Formal Absence Management Policy

Stage 1 Formal Verbal Advisory Notice

In a rolling period of **6 months** following either,

two periods of sickness absence.

OR

sickness absence of **6 working days**.

The employee to be required to attend a meeting to explain and discuss the reasons for the absences. Actions arising from this formal meeting to be recorded on DigiGov and remain on the employee's personal file for 12 months.

Stage 2 Formal Written Advisory Notice

In a rolling period of **12 months**, having been interviewed and formally advised previously that absence is a cause for concern, following either:

four periods of sickness absence.

OR

accumulative sickness absence totalling **10 working days**.

The employee to be required to attend a meeting to explain and discuss the reasons for the absences. The Operational Manager/Head of Service will write to the employee inviting him or her to a meeting and setting out the concerns about the employee's level of attendance. The interview should include a Human Resources Officer. Actions arising from the formal meeting to be confirmed, in writing, to the employee in the form of a **Formal Written Advisory Notice** that will stay on his/her personal file for 12 months. The Formal Notice to set out the likely consequence of dismissal if the employee's attendance does not improve during a set review period. This Formal Written Notice will be recorded on DigiGov, remain in place for 18 months and a copy placed in the employee's personal file.

Stage 3 Dismissal

Following a formal written notice the employee can be dismissed if, in a rolling period of **18 months**, following stages 1 and 2 there are

two further periods of sickness absence.

OR

More than 6 further working days of absence.

Supported by Key Findings KF8, KF9, KF10, KF11, KF12, KF13

R4 It is important in introducing any revised sickness absence policy to seek the agreement of the Trade Unions in its implementation. If this cannot be achieved the Executive and senior management should be prepared to proceed without agreement.

Supported by Key Finding KF24

R5 Where managers consider the sickness absence policy is failing to have an impact or being abused, they should be able to seek authority from the Chief Executive to apply flexibility to take action to ensure targets are met. Procedures already introduced by some frontline services should be applicable to all individuals employed by the Council where other measures have failed. Such action might include:

- Withdrawal of occupational sick pay;
- Withdrawal of self certification;
- Implementation of no pay for the first 3 days of sickness absence;
- Withdrawing eligibility for overtime where staff return from absence;
- Requiring medical certificates before a 7 day period of absence has been completed;
- Introducing a checklist of questions for use by managers when employees call in to report their absence.

Authorisation of variation of the policy should rest with the Chief Executive.

Supported by Key Findings KF9, KF13, KF23, KF32, KF33, KF34, KF35

R6 The Executive Member Finance & Service Delivery should make clear their support for the revised attendance management policy, and work closely with the Chief Executive in ensuring committed application of the policies and professional management of absence. Clear leadership from the top is essential to successful improvement. The Executive Business Meeting should receive 6 monthly reports on service area attendance performance. Regular 6 monthly monitoring meetings between Executive portfolio Members and service area chief officers are recommended.

Supported by Key Finding KF 14

R7 The Committee considers that all managers should take full responsibility for implementation of all aspects of the sickness absence policy. Managers will be expected to diligently monitor staff absence, provide support, and record on DigiGov. Continuing management failure in fulfilling this responsibility would become a disciplinary matter.

Supported by Key Finding KF3, 16,17,18,35

R8 It is recommended that HR People Services develop a training programme which embraces all managers who supervise others. This programme should contain modules covering the key findings 16, 17 and 18. Such training should be mandatory and ideally start before implementation of the policy.

Supported by Key Findings KF6, KF16, KF17, KF18, KF20

R9 The HR People service area should reassess the resources required to professionally monitor the new attendance policy. This will include the effective use of DigiGov capabilities, identification of attendance hotspots; occupational health resourcing and staffing and timely interventions to ensure full and consistent support and application of the policy.

Supported by Key Finding KF35

R10 The Corporate Chief Officer Shared Services should possess the authority to intervene in areas where he considers implementation of the sickness absence policy is failing and report findings to the Corporate Management Board.

Supported by Key Findings KF19, KF21

R11 The HR People service area is recommended to proactively co-ordinate temporary redeployment and devise a practical process for the redeployment of those staff temporarily unable to return to work in their current position.

Supported by Key Finding KF22

R12 As part of a review of the sickness absence policy and procedure the Corporate Chief Officer Shared Services should conduct a major impact assessment of the way that Occupational Health services are currently used. The Corporate Chief Officer will report on the findings of this impact assessment to the Corporate Management Board, making recommendations on the effective and consistent use of Occupational Health, whether all suitable cases are being referred, and future costs and resources.

Supported by Key Findings KF25. KF26

R13 As part of his review of Occupational Health, the Corporate Chief Officer should also come forward with recommendations which include measures to:

- Make managers accountable for cases they refer to Occupational Health;
- Remind staff about Occupational Health appointments;
- Fast track medical referrals to the private sector, including MRI scans where warranted;
- Promote earlier access to Occupational Health;
- Increase staff awareness of the Occupational Health service;
- Ensure attendance of Occupational Health specialists at Senior Management meetings to discuss sickness absence;
- Explore the potential benefits of employees having the right of self referral to Occupational Health; and
- Deal with cases of failure to attend Occupational Health appointments, which is a contractual obligation, and apply appropriate sanctions including charging.

Supported by Key Findings KF27, KF29, KF30

R14 A number of Occupational Health referrals are mental health related but few treatments are offered. Further assessment of the potential benefits offered by CBT and other treatments should be made and if validated, made widely available to Occupational Health.

Supported by Key Finding KF28

R15 Those with responsibility for making recruitment decisions should make appropriate use of data available on DigiGov regarding attendance, thereby factoring attendance records into decision making in accordance with section 60 of the Equalities Act 2010.

Supported by Key Finding KF31

R16 Following the introduction of a new attendance policy with reference to the findings of this inquiry, at the end of a year it is recommended that UWIC be engaged to conduct a diagnosis of the Council's needs in the area of well being or "encouraging a healthier and more engaged workforce" for consideration by the Executive and Corporate Management Board.

Supported by Key Finding KF37

R17 Current procedures act as a disincentive for head teachers and governing bodies to effectively address long term absence. It is therefore recommended that a school's eligibility for continuing membership of the Mutual Fund should be dependent on:

- The adoption and consistent application of the Council's sickness absence policy.
- Full reporting of all absences.
- Routine completion of return to work interviews.
- Adoption of the Council's DigiGov system when available.

Supported by Key Findings KF39, KF40

R18 To incentivise schools to effectively address short term sickness absence it is recommended that the Mutual Fund should only be accessed for absences greater than 20 days.

Supported by Key Findings KF41

R19 The Chief Schools & Lifelong Learning Officer should set up a process to identify the extent to which schools accept and apply attendance management policies. This will include the recording of absences, conducting of return to work interviews, reporting of absence data to governors and how long term absences are addressed. This process will identify schools which fail to make full and effective use of Council policies and the Chief Schools & Lifelong Learning Officer should review their continuing membership of the fund.

Supported by Key Findings KF40, KF42

EXECUTIVE BUSINESS MEETING: 16 FEBRUARY 2012

**EXECUTIVE RESPONSE TO THE REPORT OF THE POLICY
REVIEW AND PERFORMANCE SCRUTINY COMMITTEE
ENTITLED “MANAGING ATTENDANCE”**

**REPORT OF CORPORATE CHIEF OFFICER (SHARED
SERVICES)**

AGENDA ITEM: 7

PORTFOLIO: FINANCE & SERVICE DELIVERY

Reason for this Report

1. To respond to the Policy Review and Performance Scrutiny Committee’s recommendations outlined in the report entitled “Managing Attendance” which was received by the Executive in January 2012.

Background

2. At the Policy Review and Performance Scrutiny Committee meeting on the 8 September 2010 it was agreed that a Task and Finish Group would undertake an inquiry to review the Council Approach to managing attendance. This report provides background information about the inquiry and outlines the next steps in the process.

3. The agreed terms of reference for the inquiry were:

To review existing sickness absence levels in light of measures taken since 2005; and examine the potential for improving the Council’s management of attendance by:

- Reviewing existing challenges in managing attendance
- Clarifying the role of leadership and performance management in sickness absence
- Identifying successful new policies and practices, for the Council’s future consideration in tackling sickness absence

4. The Committee’s report identified 41 key findings and made 19 recommendations.

Issues

5. The Executive’s proposed response to the 19 recommendations is

detailed in Appendix 1.

Reasons for Recommendation

6. To respond the Policy Review and Performance Scrutiny Committee recommendations.

Legal Implications

7. 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 Executive response is consistent with the legislation.
8. A Sickness Absence Policy(ies) 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

8. The proposals set out in the response to the Policy Review and Performance Scrutiny Committee will be met from within existing resources. Where further reviews are undertaken as part of the recommendations then any additional resource implications identified will need to be considered in line with the Council's budget process. The financial impact of future reductions in sickness levels will also need to be considered where these are achieved.

Human Resource Implications

9. The recommendations within this report significantly impact on staff across the Council and any changes necessary will require consultation with both staff and Trade Unions.

RECOMMENDATION

The Executive is recommended to agree the response to the Policy Review and Performance Scrutiny Committee as set out by in Appendix 1 to this report.

PHILIP LENZ

Corporate Chief Officer

10 February 2012

The following appendix is attached:

Appendix 1 – Executive Response to the Report of the Policy Review and Performance Scrutiny Committee Entitled “Managing Attendance”

**EXECUTIVE RESPONSE TO THE REPORT OF THE POLICY REVIEW AND
PERFORMANCE SCRUTINY COMMITTEE ENTITLED “MANAGING
ATTENDANCE”**

The Policy Review and Performance Scrutiny Committee recommended that the Executive consider the following:

R1 Managing attendance has become a key priority for the Council with improvement driven forward by its most senior political and managerial leaders. The Committee propose that further development can be made and recommends that the Council should update the next published Corporate Plan 2011-2014 by setting more challenging targets for a reduction in sickness absence per FTE to 9.7 days in 12/13; 9 days in 13/14 and 8.5 days in 14/15.

Response: This Recommendation is accepted.

This proposed reduction is challenging and can only be achieved through changes in sickness absence policy but it is recognised that there needs to be a challenging target to work towards. However, the sickness absence review will not become operational until later in the year and a more realistic target for 2012/13 of 10 days would be more appropriate (compared to the current Corporate Plan target of 10.19 days). The targets for 13/14 and 14/15 are agreed.

R2 It is essential that stretching attendance targets are set for all service areas. Waste Management and Adult Services impact significantly on the Council's sickness absence outturn and priority should be given to making a high level impact on these service areas. In reviewing attendance performance with senior management the Chief Executive should agree and confirm challenging targets to reduce absence levels for each service area.

Response: This Recommendation is accepted

The management of attendance and the need to reduce levels of absence are included as an objective in all managers' Personal Performance and

Development Reviews. Specific Service Area targets will be agreed as part of the objective setting process for 2012/13 which will reflect the wider corporate target. The ongoing work in Waste and Adults to reduce absence will need to continue.

R3

The Committee recommends that the Council's Sickness Absence Policy is revised to reduce the number of stages from four to three. The following approach is recommended, acknowledging that parts of the recommended approach are already reflected in the current policy whilst others are new recommendations.

Informal Absence Management – Return to Work

Following any period of sickness the employee will be interviewed by the line manager on their return to work, so that any underpinning reasons for ill-health may be explored. Any health, work, personal or social reasons identified to be recorded on DigiGov. Referral to Occupational Health or a workplace assessment will be considered at this stage. The employee to be reminded that any sickness absence is a cause for concern, advised that future sickness absence will be monitored and a further period of absence within a six month period will instigate the formal sickness absence procedure.

Formal Absence Management Policy

Stage 1 Formal Verbal Advisory Notice

In a rolling period of 6 months following either,

two periods of sickness absence.

OR

sickness absence of 6 working days.

The employee to be required to attend a meeting to explain and discuss the reasons for the absences. Actions arising from this formal meeting to be

recorded on DigiGov and remain on the employee's personal file for 12 months.

Stage 2 Formal Written Advisory Notice

In a rolling period of 12 months, having been interviewed and formally advised previously that absence is a cause for concern, following either:

four periods of sickness absence.

OR

accumulative sickness absence totalling 10 working days.

The employee to be required to attend a meeting to explain and discuss the reasons for the absences. The Operational Manager/Head of Service will write to the employee inviting him or her to a meeting and setting out the concerns about the employee's level of attendance. The interview should include a Human Resources Officer. Actions arising from the formal meeting to be confirmed, in writing, to the employee in the form of a Formal Written Advisory Notice that will stay on his/her personal file for 12 months. The Formal Notice to set out the likely consequence of dismissal if the employee's attendance does not improve during a set review period. This Formal Written Notice will be recorded on DigiGov, remain in place for 18 months and a copy placed in the employee's personal file.

Stage 3 Dismissal

Following a formal written notice the employee can be dismissed if, in a rolling period of 18 months, following stages 1 and 2 there are

two further periods of sickness absence.

OR

More than 6 further working days of absence.

Response: This Recommendation is partially accepted in as much as it is accepted that the policy should be reviewed, however that review process will need to determine what changes are applicable

As regards Informal Absence Management – Return to work, this is already a process which is in the current policy and details are currently recorded and this will move into DigiGov in Spring 2012. Until such time as the sickness process in DigiGOV is fully operational, reports will be sent to managers on a monthly basis of all Return to Work Interviews which have not been completed and this will be escalated to the relevant Chief officer if Return to Work interviews remain outstanding.

The policy will be reviewed in the Spring of 2012 as part of the normal cycle and the triggers will form part of the review which will need consultation with both the Executive and Trade Unions. It is proposed that whilst the triggers will be reviewed there are also actions carried out to ensure that the current trigger points are being adhered to and action being taken by managers at the appropriate time. Any changes to triggers will need to take account of the Equality Act 2010 and our obligations to those staff with a disability and the need to make reasonable adjustments.

R4 It is important in introducing any revised sickness absence policy to seek the agreement of the Executive and Trade Unions in its implementation. If this cannot be achieved the senior management should be prepared to proceed without agreement.

Response: This Recommendation is partially accepted

The Constitution is clear in stating that the Executive set the employment policies for the Council. As part of this process normal consultation procedures would be followed including consultation with Employee Equality Networks and Trade Unions. This would clearly fulfil the partnership approach we have to consultation within the Council. However, it must be noted that the Executive has the authority to put in place appropriate policies to deliver Corporate Plan outcomes following the formal consultation processes.

**R5 Where managers consider the sickness absence policy is failing to have an impact or being abused, they should be able to seek authority from the Chief Executive to apply flexibility to take action to ensure targets are met.
Procedures already introduced by some frontline services should be applicable to all individuals employed**

by the Council where other measures have failed. Such action might include:

- a. Withdrawal of occupational sick pay;**
- b. Withdrawal of self certification;**
- c. Implementation of no pay for the first 3 days of sickness absence;**
- d. Withdrawing eligibility for overtime where staff return from absence;**
- e. Requiring medical certificates before a 7 day period of absence has been completed;**
- f. Introducing a checklist of questions for use by managers when employees call in to report their absence.**

Authorisation of variation of the policy should rest with the Chief Executive.

Response: This Recommendation is partially accepted

There is the facility in the current policy for some of the items above such as the waiver of self-certification and the replacement of this with the requirement for the employee to secure a Fitness for Work certificate (formerly known as a medical certificate). However GPs are becoming increasingly critical of this process as they do not believe that it is the most efficient use of their time. Withdrawal of Occupational Sick Pay entirely or for the first 1 to 3 days will require consultation with the Trade Unions as this would be a wholesale change to employees terms and conditions of employment as it is a move away from the nationally agreed arrangements.

In summary, D, E and F are accepted. A, B and C are not accepted.

R6 The Executive Member Finance & Service Delivery should make clear their support for the revised attendance management policy, and work closely with the Chief Executive in ensuring committed application of the policies and professional management of absence. Clear leadership from the top is essential to successful improvement. The Executive Business Meeting should receive 6 monthly reports on service area attendance performance. Regular 6 monthly monitoring meetings between Executive portfolio Members and service area chief officers are recommended.

Response: This Recommendation is accepted

In order to facilitate clearer leadership, it is suggested that the monitoring meetings take place with the Executive Member for the specific portfolio/service area. Corporate sickness levels are already included as part of the quarterly Performance Information monitoring to the Executive.

R7 The Committee considers that all managers should take full responsibility for implementation of all aspects of the sickness absence policy. Managers will be expected to diligently monitor staff absence, provide support, and record on DigiGov. Continuing management failure in fulfilling this responsibility would become a disciplinary matter.

Response: This Recommendation is accepted

The management of sickness forms part of the performance objectives for all managers. Training, coaching and support are provided both in policy interpretation and skills such as 'handling difficult conversations'. A review will take place of the content of all absence related courses in line with these recommendations and a decision taken as to whether or not the course should be mandatory for all staff taking up the role of a manager.

R8 It is recommended that HR People Services develop a training programme which embraces all managers who supervise others. This programme should contain modules covering the key findings 16, 17 and 18. Such training should be mandatory and ideally start before implementation of the policy.

Response: This Recommendation is accepted

The full range of training programme for managers will be reviewed and gaps in current programme identified. Any new training to deal with the gaps to be initiated in line with the response to recommendation 7.

R9 The HR People service area should reassess the resources required to professionally monitor the new attendance policy. This will include the effective use of DigiGov capabilities, identification of attendance hotspots; occupational health resourcing and staffing and timely interventions to

ensure full and consistent support and application of the policy.

Response: This Recommendation is accepted

There has been an increase in professional Occupational Health resources including the increase of the mental health post to full time, a temporary increase in counselling services has been actioned (to help respond to single status issues). There is an exploration of additional longer term counselling arrangements with the Fire Service and an established physiotherapy resource which is likely to be extended. A review of resources in HR People Services is to be undertaken (including planned developments in Occupational Health) in line with the rollout of the sickness module on DigiGOV to ensure that managers have access to appropriate support.

R10 The Corporate Chief Officer Shared Services should possess the authority to intervene in areas where he considers implementation of the sickness absence policy is failing and report findings to the Corporate Management Board.

Response: This Recommendation is accepted

The Corporate Chief Officer Shared Services reports trends and data to Corporate Management Board. As part of the taskforce approach detailed below in the response to recommendation 11, any failings in the process are being escalated to Chief Officers which will ultimately be escalated to Corporate Management Board if appropriate action is not taken.

R11 The HR People service area is recommended to proactively co-ordinate temporary redeployment and devise a practical process for the redeployment of those staff temporarily unable to return to work in their current position.

Response: This Recommendation is accepted

A task group has been set up led by an Operational Manger in HR People Services to ensure there is a concentrated effort to implement these recommendations and this will include the devising and implementation of a practical process of temporary re-deployment for staff temporarily unable to return to full duties in their current position.

R12 and 13

As part of a review of the sickness absence policy and procedure the Corporate Chief Officer Shared Services should conduct a major impact assessment of the way that Occupational Health services are currently used. The Corporate Chief Officer will report on the findings of this impact assessment to the Corporate Management Board, making recommendations on the effective and consistent use of Occupational Health, whether all suitable cases are being referred, and future costs and resources.

As part of his review of Occupational Health, the Corporate Chief Officer should also come forward with recommendations which include measures to:

- Make managers accountable for cases they refer to Occupational Health;**
- Remind staff about Occupational Health appointments;**
- Fast track medical referrals to the private sector, including MRI scans where warranted;**
- Promote earlier access to Occupational Health;**
- Increase staff awareness of the Occupational Health service;**
- Ensure attendance of Occupational Health specialists at Senior Management meetings to discuss sickness absence;**
- Explore the potential benefits of employees having the right of self referral to Occupational Health; and**
- Deal with cases of failure to attend Occupational Health appointments, which is a contractual obligation, and apply appropriate sanctions including charging.**

Response: This Recommendation is accepted

The Corporate Chief Officer Shared Services will take this forward. This will include a review of process, resource, administration and communication. A trial is already in place to pre-call people prior to appointments in order to reduce non-attendance. The importance of the need for prompt referrals in line with policy timescales is a specific issue that will be reiterated.

R14 A number of Occupational Health referrals are mental health related but few treatments are offered. Further assessment of the potential benefits offered by CBT and other treatments should be made and if validated, made widely available to Occupational Health.

Response: This Recommendation is accepted

This will be part of the review carried out as part of recommendation 12 and 13. The Mental Health Service now operates 5 days a week for the Council which is an increase from the original 2.5 days per week arrangement. Referrals to the Mental Health Service are triaged by Occupational Health to determine the best source of assistance. Linkages with Employee Counselling Service are also being strengthened.

R15 Those with responsibility for making recruitment decisions should make appropriate use of data available on DigiGov regarding attendance, thereby factoring attendance records into decision making in accordance with section 60 of the Equalities Act 2010.

Response: This Recommendation is not accepted

Section 60 of the Equality Act 2010 makes it unlawful for an employer to ask any job applicant about their health or disability until the applicant has been offered the job. Once the offer is made, the question can be asked, but how this information is used may contravene a relevant disability provision within the Act.

The relevant Statutory Code of Guidance issued under the Equality Act 2010 makes it clear that questions relating to sickness absence (ie attendance) are within the above provisions.

R16 Following the introduction of a new attendance policy with reference to the findings of this inquiry, at the end of a year it is recommended that UWIC be engaged to conduct a diagnosis of the

Council's needs in the area of well being or "encouraging a healthier and more engaged workforce" for consideration by the Executive and Corporate Management Board.

Response: This Recommendation is partially accepted.

It is agreed that a review should take place, however nearer the time the appropriate organisation to conduct the review will be engaged following the appropriate procurement process. A number of organisations carry out these types of review including Lles Cymru Wellbeing Wales.

R17 and R18

Current procedures act as a disincentive for head teachers and governing bodies to effectively address long term absence. It is therefore recommended that a school's eligibility for continuing membership of the Mutual Fund should be dependent on:

- The adoption and consistent application of the Council's sickness absence policy.**
- Full reporting of all absences.**
- Routine completion of return to work interviews.**
- Adoption of the Council's DigiGov system when available.**

To incentivise schools to effectively address short term sickness absence it is recommended that the Mutual Fund should only be accessed for absences greater than 20 days.

Response: This Recommendation is partially accepted

The eligibility for membership of the Mutual Fund is being reviewed and the recommendations identified above will feed into that review. The decision regarding eligibility is made by the Mutual Fund Board following a review by officers.

R19 The Chief Schools & Lifelong Learning Officer should set up a process to identify the extent to which schools accept and apply attendance management policies. This will include

the recording of absences, conducting of return to work interviews, reporting of absence data to governors and how long term absences are addressed. This process will identify schools which fail to make full and effective use of Council policies and the Chief Schools & Lifelong Learning Officer should review their continuing membership of the fund.

Response: This Recommendation is accepted

The data around sickness absence data is being reviewed by the Chief Education Officer and the recommendation above will be taken into account as part of this. The issue of continuing membership of the Mutual Fund will be assessed as part of the action taken with regards to recommendations 17 and 18.

Date: 22 March 2012

Councillor Mark Stephens
Executive Member Finance & Service Delivery
County Hall
Cardiff
CF10 4UW

Dear Mark,

Policy Review & Performance Scrutiny Committee: Managing Attendance

The Policy Review & Performance Scrutiny Committee welcomed the opportunity to consider the Executive response to its 'Managing Attendance' report and have asked that I thank Philip Lenz and yourself for attending Committee on Wednesday 14 March 2012. The Committee was pleased you consider it a useful inquiry and, as Chair, the Committee has asked me to relay its observations made at the way forward, and capture some outstanding concerns for the new Committee to reflect upon when planning their work programme for 2012-13.

Challenging Targets

The Committee Members wish to re-iterate that they believe Recommendation 1 is key, and, whilst they welcome the Executive's acceptance of more challenging sickness absence targets, they wish to point out that to achieve 8.5 days will require concerted action.

Reviewing the policy

As a foundation for tackling Recommendation 1, Members feel Recommendation 3 is worthy of the Executive's serious consideration. They were pleased to hear that the Sickness Absence Policy will be reviewed in spring 2012, and particularly pleased that, in carrying out that review, simplification of the policy will be an aspiration. They sincerely hope that, as you indicated, you will use the inquiry report as a suggested model to commence negotiation and discussions with Trade Unions, both in respect of trigger points, and to examine the feasibility of decreasing the Council's Sickness Absence Policy from four stages to three.

Management role

The Committee felt both Scrutiny and the Executive are clear that managers will play a key role in implementing any changes to the policy following the review. Members are pleased that the Executive has accepted the need for greater clarity regarding implementation of the policy for managers.

Using data

In recommending that those with responsibility for recruitment make appropriate use of attendance data recorded by DigiGov (R15), the Committee was under the impression that using such information did not contravene the Equality Act 2010. Therefore, having clarified that in doing so the Council would be acting unlawfully, the Committee noted your intention to remove the current requirement to declare previous sickness from the Council's job application form from April 2012. The Committee will monitor this and in future consider whether the action to comply with the Equality Act impacts on absence levels.

Influencing schools

The Committee was interested in your clear statement that the Council can advise and influence the board of the Mutual Fund, but are unable to control or enforce action upon the 129 schools that comprise membership of the Fund.

Whilst Members were pleased to hear you state that the Council will continue to advise the Mutual Fund membership, they remain unconvinced of the Chief Education Officers commitment to the findings of this inquiry and intention to proactively influence the Mutual Fund Board on the matter of managing attendance.

The Committee understands that the Council made a decision to devolve budgets to schools many years ago, however wishes to suggest that in similar situations in the future the Council, before delegating full responsibility, seeks to establish operational criteria for the running of such funds.

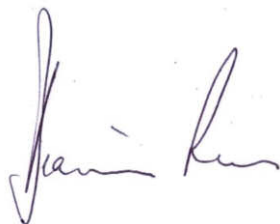
The Committee noted that you don't have sufficient historical sickness absence data for managing attendance in schools at present, though plans are in place to

ensure all schools are aware that sickness absence is a concern, and to share sickness absence data quarterly with all Members in future.

Finally the Members have asked me to make it very clear that they would be unhappy with a softening of the Committee's recommendation on tightening of the policy when it is reviewed in the spring.

Once again thank you for your attendance at Policy Review & Performance Scrutiny Committee. May I also take this opportunity of thanking you most sincerely for the consistent support you have shown Scrutiny over the past four years, during my time as Chair of this Committee. On numerous occasions your contribution has enriched the consideration of items and on behalf of the Committee and myself I wish you well in the future.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Dianne Rees', with a stylized flourish at the end.

DIANNE REES
CHAIR, POLICY REVIEW & PERFORMANCE SCRUTINY COMMITTEE

cc Philip Lenz, Chief Officer, People & Organisational Development
Jon House, Chief Executive
Chris Jones, Chief Officer, Education
Neil Hardee, Head of Performance, Resources & Services
Joanne Blaney, Executive Office Manager.

CARDIFF COUNCIL

ATTENDANCE AND WELL BEING POLICY

DRAFT

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Introduction

Cardiff 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.

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. We recognise 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.

The reason for absence from work are 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.

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.

Scope

This Policy and Procedure will apply 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.**

SECTION 1: EMPLOYEE WELLBEING

Employee Wellbeing Commitment

Cardiff 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.

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.

The Council will further demonstrate its commitment to employee wellbeing 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.

It is the intention of the Council to:

- a) continue to promote health and wellbeing through its management policies, support services, information networks and health promotions, including periodic and planned initiatives such as smoking cessation, alcohol awareness, diet, exercise, self management, and by liaising with external agencies.
- b) 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 2: SPECIAL LEAVE PROVISIONS

PURPOSE

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 and so have adopted these special leave provisions.
2. In addition to the above the Council as a Local Authority 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. These provisions outline the reasons where special leave may be granted (over and above the annual leave entitlement), and the number of days allowable.

KEY PRINCIPLES

4. It is the responsibility of managers to ensure that there is adequate provision for the needs of service users and therefore any of the special leave provisions contained 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 that a fair and consistent approach Managers must consult HR People Services prior to giving approval for other than routine special leave requests.
5. Employees seeking to take special leave must apply for approval, using DigiGov (or the approved form [4.C.090](#) for those without DigiGov access), as far in advance as possible taking into account the circumstances of the request.
6. These provisions are to deal with genuine requests for special leave and any form of abuse of this scheme will be dealt with under the Council's Disciplinary Procedure. Where claims of special leave are frequent then managers should discuss this with the employee.
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 HRPS.

8. Where special leave with pay is approved the amount payable per day will be the amount normally payable when an employee is taking annual leave. Where special leave is for periods less than a day then pro rata payments will apply. Unless stated otherwise special leave is with pay.
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 schemes (both of which are unpaid) then the provisions of special leave would normally apply.
10. These provisions will be reviewed in the light of operational experience.
11. In order to provide some general guidance, a Frequently Asked Questions document is attached ([5.C.169](#)).

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.	Up to 10 days This may be extended in exceptional circumstances by Chief Officer	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 in order 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	To make arrangements for	Up to 1 day	Line Manager

Dependant care arrangements	care (not actually caring for) of dependants	This will be monitored and limits over a period of time may be set	
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>	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 limits over a period of time may be set	Line Manager
	Hospital appointments/ OH appointments/ Employee Counselling Service	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 limits over a period of time may be set	Line Manager
3b Dependant appointments	<p>Accompanying dependants to attend for a medical appointment at a hospital or GP which cannot be made outside normal working hours. (i.e. for circumstances where the relative cannot attend on their own).</p>	Time allowed for appointment and reasonable travel time, this would usually be up to 2 hours, although extended reasonable time may be agreed. This will be monitored and limits over a period of time may be set	Line Manager
	Accompanying dependants to non medical appointments e.g. social worker, care professionals which cannot be made outside normal working	Time allowed for appointment, this would usually be up to 2 hours, although extended reasonable	Line Manager

	hours (i.e. for circumstances where the dependant cannot attend on their own)	time may be agreed. This will be monitored and limits over a period of time may be set	
4. Sporting /Cultural Events.	Employees who are selected to participate in representative sporting or cultural events at National/ International levels.	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. Requests in excess of above.	Operational Manager OM in consultation with HRPS
5. Training	Leave to sit approved examinations relevant to job plus examinations approved through post entry training scheme.	Time required to sit exam plus up to 3 days revision leave, maximum ½ day per examination.	Line Manager.
	Leave to attend personal graduation.	Up to ½ day.	Line manager
6. Attendance at job interview	For jobs within Cardiff Council.	Time required to attend interview.	Line Manager
	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	Leave to attend official meetings/ mandatory training during working hours for employees who are <ul style="list-style-type: none"> • members of Local Authorities; • appointed by a Govt. ministry, assoc. of local 	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

	<p>authorities or a local authority to serve on a Committee, Tribunal or panel;</p> <ul style="list-style-type: none"> • 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 		
	Military Service (Non Regular Forces).	Up to a maximum of 2 weeks per annum for annual camp.	Operational Manager or nominated representative
	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, as appropriate subject to business requirements	Line Manager.
9. Volunteering Activities	Employees undertaking approved volunteering activities in accordance with Cardiff Volunteering Service http://www.volunteercardiff.co.uk/	Up to a maximum of 5 days.	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	Discretion to allow time off in exceptional circumstances.	Depending on circumstances.	Operational Manager

at Court as a Defendant			
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).
Adverse Weather(See Severe Weather Conditions Guidance Note on CIS-5.C.177	Non attendance due to adverse weather e.g. snow	Annual leave, flexi, unpaid leave or making up of hours	Line Manager

NOTE: THE SPECIAL LEAVE PROVISIONS CANNOT COVER ALL EVENTUALITIES, AND THERE WILL UNDOUBTABLY 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.

SECTION 3: SICKNESS ABSENCE PROCEDURE

KEY PRINCIPLES

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 will be mandatory training for all employees who line manage staff in the form of e-learning as a minimum.
2. In order to encourage good attendance, Chief Officers 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 the Council's policies on absence, [Dignity](#) at Work, [equality](#), [stress](#), [special leave](#), 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 is such that they could compromise their own, or others (e.g. colleagues, service users), health and safety.

3. This procedure is to deal with sickness absence and the effects it has on employees and the organisation. Any form of abuse of this Policy or procedure will be dealt with under the [Council's Discipline Policy and Procedure](#).
4. Any cautions issued under this scheme will not be taken into account when a disciplinary penalty is being determined.
5. Each sickness absence 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.
6. At all stages of the procedure, a proper investigation should be conducted into the circumstances of the absence and appropriate information gathered.

7. Work located 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.
8. Employees must be advised by their managers of their right to be represented at all stages of this procedure by a Trade Union representative or a work colleague and that they have an appeal right 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.
The routine return to work interview is excluded from these provisions.
9. Appropriate training will be provided to managers to achieve consistent and sympathetic treatment of all employees under this procedure. Equally all employees should be made aware of the procedure and their responsibilities within it.
10. This procedure will link in with other associated Council policies in relation to disability, [alcohol and drug misuse](#), [stress management](#), [Dignity at Work](#), etc.
11. Employees will automatically be referred for a medical examination if the reason for their sickness absence is Work Related Stress, 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. However, for absences related to work related stress managers should refer to the Code of Guidance – Stress – Risk Assessment (CIS reference: 1.CM.113.) and complete a risk assessment before the referral is made to Occupational Health. This is due to a high percentage of work related stress cases being linked to organisational issues rather than being medical. By carrying out the risk assessment 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 risk assessment paperwork 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 complete the risk

assessment and if so the Service Area should allocate this to another appropriate manager. Where it is not possible to complete a risk assessment immediately there should at least be a meeting with the employee to discuss their workplace concerns. Employees may request to be accompanied by a trade union representative or work colleague for the risk assessment.

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

12. Communication with employees throughout any period of absence should be maintained by line managers.
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 return to work, unless work patterns dictate otherwise.
14. The Council recognises that a proactive approach to health and well being will best improve the attendance and performance of employees. It therefore is committed to developing such programmes on an on-going basis.
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.
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.
17. Any form of abuse of the requirement in Paragraph 16 above will be dealt with under the [Council's Discipline Policy and Procedure](#).

SICKNESS NOTIFICATION PROCEDURE

18. Service Areas will ensure that all employees are aware of the Sickness Absence procedure, 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.

19. Employees will not be paid for the first 3 days of any sickness absence. Sickness absence from the 4th day will be eligible for sick pay, however employees need to fully comply with the procedure and any local reporting arrangements.

(non payment for the first 3 days excludes teachers)

20. The provisions in relation to payment during sickness absence (except teachers) after the first 3 days of non payment 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)

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

First Day

21. 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 commencement 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 proforma that managers can use to gather information from employees reporting sick and this can be found in the manager toolkit on page ? If the Line Manager is not available when the employee calls in sick, the Line Manager will return employees call as soon as possible thereafter.

22. 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 of this who will then arrange for an Accident At Work Form to be sent to them for completion. Employees will automatically be referred for a medical examination if the reason for their sickness absence is work related stress (after a stress risk assessment), industrial Injury, work place injuries or occupational ill Health.
23. 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

24. 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 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 managers toolkit on the page ?

More than 7 Days Absence

25. 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 thereafter, 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 to do so will result in the absence being treated as leave without pay rather than sickness. Managers will be prompted by DigiGov where a note 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

26. 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.

27. Where an employee is on long term certified sickness absence 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 and that the holiday will not be detrimental to their recovery.
28. 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 Cardiff Council's entitlements. Any annual leave and bank holidays already taken will be deducted from the above to determine the amount of leave to be carried forward. Where an employee comes back before the leave year ends, any outstanding annual leave where possible should be taken before this time.

An employee on sickness absence can request to take leave whilst they are on the 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 doctor note to say they are fit as they are not being required to work.

Sickness Related to Third Party Accidents

29. Where an employee is absent as a result of an accident where damages may be receivable from a third party, the Council will pay sickness payments in accordance with the terms of this scheme, subject to the employee undertaking to refund to the authority the total amount paid, or the proportion represented in 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. Any period of absence in such a case where a refund of the monies advanced is made in full, shall not be recorded for the purpose of sickness entitlement. 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

30. 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, such notice may be introduced as a specific requirement.
31. It is the responsibility of Chief Officers to ensure that there is a system within their service areas to input sickness absence into DigiGov.

SUSPENSION/ RECOVERY OF SICKNESS ABSENCE PAYMENTS

32. 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 Occupational Health appointments

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
33. Where sick pay is suspended, employees shall have a right of appeal, which should be raised through the [Grievance Policy and Procedure](#).
 34. In cases of abuse of the Sickness Absence Procedure the Discipline Policy and Procedure will be invoked.
 - 34a. **Sickness Absence For Plastic/Cosmetic Surgery** - where plastic/ cosmetic surgery is certified by a Medical Adviser indicating that surgery is essential to the employee's health or wellbeing then this would be a valid reason for an employee to receive occupational sick pay. 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 would be payable and where annual leave is taken then pay will be offset against the SSP.

FREQUENT/ PERSISTENT SICKNESS ABSENCE PROCEDURE

35. 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 2). 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.**
36. On some occasions, Managers will be required to take action 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. Set out below are some examples of patterns / frequency of absences.
- Sickness Absence during School Holidays / Christmas period
 - Days 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 (e.g. Football World Cup)
 - Always returning to work when going into half pay/ nil pay
 - Sickness Absences that always last 5 days
 - Sickness Absences that just miss out on triggers
 - Sickness absence resulting from frequent/regular industrial accidents
- This list is neither prescriptive nor exhaustive and there is no set number of times that have to occur before it becomes a pattern.
37. Absences related to disability 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 sickness absence interviews and on receipt of medical advice (see Appendix 1 with regard to sickness absence related to disability). 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.
38. In order to calculate whether absences have automatically “triggered” a stage in this procedure, the dates by reference to which the start of the time period should be counted are the first day of the most recent absence back to the end date of the oldest absence

e.g. for Stage 1 this would be the end of the second absence in the six month period. DigiGov will notify managers when their team members hit triggers.

39. 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 procedure. 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, etc. before moving on to a next stage of the procedure.
40. There is flexibility to refer employees to Occupational Health for a medical opinion at any point in this procedure.

RETURN TO WORK INTERVIEWS – SUPPORT AND INTERVENTION

41. The Return to Work interview is regarded as 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 this task as soon as possible after employees return to work. Failure to carry out these interviews may be reported to the next level of management.
42. 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 Record” when they have the return to work interview (see page ?) ([4.C.074](#)).
43. 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.
44. 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 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 as to 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

- Enquire as to whether there are any work related problems which may be connected to the absence / and or whether the employee requires any support
- Enquire as to 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
- Consider referral to, or involvement of, the in-house 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:

STAGE 1 – FORMAL FIRST WRITTEN CAUTION STAGE

45. Managers are required to take action where:-

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

Or

(b) It is considered that the employee's **pattern of absence over any period of time** is likely to lead to or is already causing difficulties. See paragraph 36 for examples.

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

Managers need to take into account any reasonable adjustments agreed

It is paramount that employees should be informed of their rights to representation at this stage by a trade union representative or work colleague.

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.

46. 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 should be allowed to work overtime or undertake stand-by duties until their attendance sufficiently improves.
47. It is not always appropriate for the manager to offer advice/ or support 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 that is what the employee wants as an outcome of the discussion. As per paragraph 11 an employee can be referred to occupational health at any stage and so there could be consideration of this.
48. The Stage 1 meeting will include, a Case Conference (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.

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 (4.HR.035), advising of possible consequences.

The manager is required to place the employee concerned 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.

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.

49. To allow an assessment of sustained improvement over a more realistic timescale, this formal written caution shall 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.

At each stage there is the right of appeal which will follow the Sickness Appeal process detailed in paragraph 102.

STAGE 2– FINAL WRITTEN CAUTION STAGE

50. Managers are required to take action where:-

(a) there have been 4 absences within a 12 rolling month period;

Or

(b) 1 additional absence of 6 days or more

Or

(c) an absence pattern emerges **over any period of time** which causes concern. See paragraph 36 for examples and seek advice from HR People Services.

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

Or

(d) fails to achieve and sustain the required improvement during the period of the caution

It is paramount that employees should be informed of their rights to representation at this stage by a trade union representative or a work colleague.

51. The employee will be requested to attend a formal hearing when their future employment position will be reviewed.

52. 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 record, or there will be no alternative but dismissal in accordance with Council's procedures.

At each stage there is the right of appeal which will follow the Sickness Appeal process detailed in paragraph 102.

53. As part of the Stage 2 meeting and following the issue of a final written caution (4.HR.037), there will be a Case Conference 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.

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.

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

54. Managers are required to take action if, from the date that the first formal written caution was issued, the employee has:
- (a) 6 absences in any rolling 18 month period

Or

 - (b) 1 additional absence of 6 days or more

Or

 - (c) fails to achieve and sustain the required improvement during the period of the caution

Or

 - (d) an absence pattern emerges **over any period of time** which causes concern. See paragraph 36 for examples and seek advice from HR People Services.

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

It is paramount that employees should be informed of their rights to representation at this stage by a trade union representative or a work colleague.

55. A further formal interview must be convened, to be conducted by a Operational Manager who will review all action taken to date and take into consideration all circumstances brought to their attention by the employee and their representative(s). Unless there are particular, extenuating circumstances, the individual will be given notice of dismissal. There is the right of appeal which will follow the **Sickness Appeal process detailed in paragraph 102.**

If absences are related to disability, managers should ensure no reasonable adjustment could have prevented dismissal (including discounting absence), that redeployment has been properly considered (if appropriate via the [Council's Redeployment Procedure](#)) and that dismissal is fully justified. ([See Appendix 1](#)).

LONG TERM SICKNESS ABSENCE PROCEDURE

56. 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.
57. 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](#)).
58. 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.
59. 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 should be done early on and so take place immediately following the Contact Visit (which should be arranged by the time the employee reaches 2 weeks absence). Any referral should be discussed with the employee beforehand at the Contact Visit.
60. As no two long term absence cases are the same, before taking any action, advice and guidance should be sought from HR People Services.
61. 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.

62. When an employee has been absent for a period of 3 months, a case conference (organised by the manager) between the manager, HR People Services, the employee and Trade Union representative, where appropriate, must be undertaken to review the management of the case so far and determine future action. Clarification can be sought at any time in this process from Occupational Health. A further review should take place at 6 months.
63. Where an employee is on long term certified sickness absence and wishes to travel on holidays, they must inform their manager in writing of their intentions. They should also provide written confirmation from their GP that they are fit to travel and the holiday will not be detrimental to their recovery.
64. 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 on sickness absence with regard to sickness entitlement and pay.
65. 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 Service Area.

CONTACTING EMPLOYEES ON SICKNESS ABSENCE

66. 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.

CONTACT VISITS

67. As it is known that early support can lead to an earlier return to work then arrangements for a contact visit should be made by the time the employee reaches 2 weeks of sickness absence. Thereafter,

visits should be maintained on a regular basis (at least every 6 weeks). 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 replacement for Contact Visits unless in exceptional circumstances.

68. The contact visit should be pre-arranged with the individual concerned. The employee may wish to be represented by a Trade Union representative during such a visit. Arrangements should, as far as possible, be mutually agreed. Normally, visits should be undertaken by the manager and accompanied, where considered appropriate, by another employee or someone from HR People Services. In addition, if it is felt that a visit by an Occupational Health Adviser may be advantageous, this could also be arranged.
69. If employees want a visit but not to their home, alternative arrangement should be made to use another venue.
70. If, due to special circumstances, a 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.
71. The aim of maintaining contact/ undertaking contact visits 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 got a copy of the policy
72. Managers conducting visits should do so with sensitivity and take into account the possible stressful nature of the interview. However contact with the employee is maintained, a record of the outcomes, information sought/provided and other associated actions should be made on form [4.C.080](#).
73. At the first contact visit, the employee should be advised that the next step will be a medical referral to Occupational Health. Occupational Health will organise signing of Medical Consent

Forms, this usually occurs at the first appointment if deemed necessary.

REFERRAL FOR MEDICAL EXAMINATION

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

74. All employees absent on long term sickness absence should have been referred to the Council's Occupational Health Service immediately following the first contact visit which must be arranged when an employee has had 2 weeks continuous absence or have hit a stage 2 . A medical referral may be sought:-
- Immediate referral in cases of industrial accidents, occupational ill health and work related stress conditions.
 - When advice is needed as to the likely duration of the sickness absence and an indication of when a return to work is anticipated;
 - 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 as to 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.
 - Reasonable costs associated with Occupational Health appointments will be re-imbursed upon provision of a receipt.

Managers need to provide as much information as possible to accompany the Occupational Health referral and detail any specific issues they would like a medical opinion on. The employee should be provided with a copy of this referral.

75. A second medical referral should have at least taken place by the 4th month of any sickness absence. This referral should be to ascertain whether a return to work in the near future is likely.
76. 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 MEDICAL REPORTS

77. The Council's Occupational Health Adviser will give an opinion as to the individual's fitness for work. The manager should at the earliest opportunity inform the employee of the recommendations. If a manager feels for whatever reason unable to carry out these recommendations this should be discussed with HR People Services immediately. The occupational health service will send a copy to the employee and HR People Services and HR People Services will liaise with the appropriate manager.

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

Option 1 - Fully fit to resume Duties

78. If fully fit to resume duties, the employee should be interviewed, informed of the full facts and be requested to return to work immediately.
79. If it is considered justified for therapeutic reasons, the employee may return on a part time basis for up to a month with the actual working arrangements being agreed with the manager and employee with advice from HR People Services. At least one contact visit should have been made before the employee returns and a referral to Occupational Health should have already taken place which will help to facilitate the return.
80. The situation will be reviewed after a month's part time employment and if the manager after consultation with the in-house Occupational Health Adviser considers it necessary, the period may be extended by a further month. The maximum period for any phased return will be 2 months.
81. Where a full time employee is undergoing a period of rehabilitation on a part time basis, he/she shall receive normal full pay during the period in question.

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 or not. Where there is a potential conflict of opinion then each case will be considered on a case by case basis. If necessary this may mean a further referral back to Occupational Health to determine whether any additional measures are required.

Option 2 - Possible Ill Health Retirement

82. If declared unfit to resume duties in the long term, in most cases a request for ill health retirement will be initiated by the individual concerned during the counselling process. There are 3 Options in relation to ill health retirement and the employee will be advised of their pension benefits accordingly. Once a medical opinion is received from an Occupational Health Physician, confirming which pension option (if any) applies to the employee decisions will be made as to their future employment by the employer.
83. Where ill health retirement has not been requested and such an opinion is received, the employee should be interviewed, and informed of the exact position. If the employee decides that they wishes to retire, the 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 Procedure](#) should be utilised to look for a suitable job. Where necessary there should be a referral to Occupational Health to ascertain what work would be suitable.
84. 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 90-95 below**. Employees found permanently unfit on medical grounds should normally be given a payment in lieu of notice.

Option 3 - Unfit to return at present, but likely to be able to return within reasonable timescale.

85. Employee will remain on sickness absence but the case will continue to be closely monitored to ensure that there is the possibility of a return to work within a reasonable timescale.

Option 4 - Unfit To Return to Full Duties of the Current Post

86. Where employees are deemed unfit to return to the full duties of their current post on a long term or permanent basis, consideration must be given to the three options listed below. Please note that while the options are being explored, the position with the sickness absence should 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 the Current Job

Rehabilitation within the current job may take the following form:

- (i) A phased return to work (See paragraph 79 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 page 27 for contact details)

(ii) Redeployment

Recommendations for redeployment must be based on medical advice from Occupational Health.

If redeployment for an employee 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. Where the employee is suffering from an illness that falls under the provisions of the Equality Act, consideration should also be given to redeployment to higher graded jobs.. (See [Redeployment Policy & Procedure](#)).

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

Mutual termination of contract can occur 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 and must be agreed by the employer.

Option 5 – Unfit to Return to Work for the Forseeable Future

- 87. Given that the Council cannot keep jobs open indefinitely and if none of the other options are appropriate, the manager should now

initiate proceedings to consider dismissal on the grounds of long term ill health. Before proceeding, given the sensitivity of the situation, a case conference must be convened involving the manager and HR People Services.

88. Prior to a 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.
89. 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.
90. To contemplate dismissal, 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.
91. The manager must then instruct the employee in writing to attend a meeting to discuss the progress of the sickness absence and to ensure that all other options have been considered. The employee must be fully advised of the reason for the meeting, warned that their employment is at risk and be offered representation by a Trade Union representative or work colleague.
92. The manager must explain at this meeting that the Council intends to serve notice of termination of contract on the grounds of long term ill health. The employee should be given the opportunity to discuss the options considered by the Council and whether there is any likelihood of a return to work in the very near future. If the manager is content that all the possible options have been considered by management and no return to work is imminent, the employee should be informed that notice of termination of contract on long term ill health grounds are being given. The employee should be informed of their appeal rights and the fact that the decision will be confirmed in writing.
93. If a meeting is arranged and an employee is not able to attend, the manager should attempt to re-arrange the meeting within the next 5 working days, at a mutually convenient time.
94. 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 and the employee may be

issued with notice of termination of contract on the grounds of long term ill health.

95. Following dismissal on the grounds of long term ill health

- (i) If the individual 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 the individual subsequently is found to be permanently unfit without regaining fitness to work, under the provision of the Pension Regulations they will become 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 paragraph 102.

MEDICAL EXAMINATIONS / IN - HOUSE MEDICAL EXAMINATIONS

Seeking a Medical Report

96. 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. In order to facilitate this, an in-house Occupational Health Service has been established, which has the facility to refer to an occupational health physician where necessary. The Occupational Health Service will endeavour to see an employee within 10 working days of referral and where possible submit a medical report within 5 working days of examination. Some examples where the Occupational Health Service will provide advice are 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

As indicated above, employees who have been absent through sickness for normally 2 weeks will be referred immediately following the first contact visit to Occupational Health. Employees will automatically be referred for a medical examination if the reason for their sickness absence is Stress, Industrial Injury or Occupational Ill Health (see paragraph 11 for further details on referrals for stress). 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.

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

97. Where an individual refuses to attend an appointment, the [Discipline Policy and Procedure](#) 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.
98. The employee must notify the Occupational Health Service at the earliest opportunity and no less than 24 hours 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), one more appointment will be arranged. Failure to attend 2 appointments (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 HR People Services of an employee's non-attendance.
99. 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.
100. 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.
101. Occupational health reports will be sent directly to the employee and a copy of the report is sent to HR People Services for them to liaise with the relevant manager.
102. Sickness Appeal Procedure
 - a) At the commencement of the appeal hearing, the Chair of the Appeal 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.

- b) The manager will outline the circumstances around the employee's absence that led up to the decision to issue a warning/ proceed to dismissal. The employee or their Trade Union representative and the Chair can ask questions of the manager.
- c) 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.
- d) 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.
- e) In making its 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.
- f) 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.

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Appendix 1: GUIDANCE ON DISABILITY RELATED ABSENCES AND REASONABLE ADJUSTMENTS

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
 - 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)
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
- relaxing of the trigger stages **as appropriate** *

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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 or require time off to attend medical appointments. 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 Occupational Health.

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.
12. 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.
13. Where a manager is considering refusing a reasonable adjustment they must refer to the relevant section of the Reasonable Adjustments Policy.

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14. 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.

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 have 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. We also have the Carers Policy which has been developed to further support 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 believes it has a responsibility to provide help and 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 is endeavouring to establish a good practise, framework approach whilst allowing flexibility to accommodate the circumstances of each case. Further, it 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 (adopted by the Council in June 2007) 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.

KEY PRINCIPLES

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 as to 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, 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 listed at the end of this guidance.
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 practises 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
 - Allowing employees to attend counselling or advice sessions during working hours
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 Visits 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 Visits 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 Visits 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 can be 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 will be 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 covers 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 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 about this and talk this through. The Employee Counselling Service or external agencies listed at the end of this guidance can be accessed.
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 advice sought from Occupational Health to discuss options prior to making these decisions. Full details of the range of options are contained in the Sickness Absence Procedure paragraphs 82-95.
35. It is strongly advised that in these circumstances, the employee (or someone acting on their behalf) should contact the Pensions Section for advice on options available

INSERT CONTACTS FROM OLD APPENDIX

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 wary of 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 have some form of mental health conditions 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

The full SHiFT Line Managers' Resource can be accessed at - <http://shift.org.uk/employers/lmr/index.html>

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 2046 8565

HR People Services Advice and Guidance

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

Occupational Health Service

Tel. 029 2078 8323 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
Business Centre
4th Floor
Companies House
Crown Way
Cardiff
CF14 3UW
Tel: 029 2038 0997
Text-phone: 029 2038 0995

Alzheimer's Society

Aim: 'Leading the fight against dementia' -To provide practical support and information to people with dementia.

Tel: 0300 222 11 22

Contact: enquiries@alzheimers.org.uk

www.alzheimers.org.uk

The Anthony Nolan Trust

Aim: In one sense, all we do is connect people. We connect one person, whose immune system needs a boost – with another person, who is prepared to share a little of theirs. Matching patients with donors.

www.anthonynolan.org.uk

Aplastic Anaemia Trust Website

Aim: The Aplastic Anaemia Trust is the only charity in the UK dedicated to supporting sufferers of aplastic anaemia and allied disorders

<http://www.theaat.org.uk/>

Blood Pressure Association

Aim: General information on blood pressure (high blood pressure), particularly hypertension. Includes reference to blood pressure increasing with age.

www.bpassoc.org.uk

Brain & Spine Foundation

Aim: to develop research, education and information programmes aimed at improving the prevention, treatment and care of people affected by disorders of the brain and spine and to stimulate the greater allocation of resources across all neurological disorders.

www.brainandspine.org.uk

British Heart Foundation

Aim: Information on blood pressure, angina and tests for heart conditions.

www.bhf.org.uk

British Liver Trust

Aim: National charity for adults with liver disease

www.britishlivertrust.org.uk

Breakthrough Breast Cancer

Aim: Provides practical support and information to people with breast cancer.

Tel: 020 7025 2400

<http://www.breakthrough.org.uk/>

British Burn Association

Aim: burn prevention, and to propagate knowledge on the best treatment and rehabilitation following a burn injury.

www.britishburnassociation.co.uk

Cancerbackup

Aim: It is the UK's leading provider of cancer information, emotional support and practical advice to anyone affected by cancer. Its specialist cancer nurses deliver information and support on a freephone helpline, and face-to-face through a network of local walk-in centers. It produces over 70 booklets and 270 factsheets on all aspects of cancers, and has an award winning website that contains the full text of all their

publications, plus a database of support groups and other services for cancer patients.

Tel: 020 7696 9003

www.cancerbackup.org.uk

Cancer Counselling Trust

Aim: Qualified counsellors and psychotherapists offer free, confidential counselling to cancer patients, as well as couples or families affected by cancers. Face-face counselling is provided at the London office, and phone counselling is available for people unable to visit. Although the counselling is free, donations are welcomed.

Tel: 020 7704 1137

Email: support@cctrust.org.uk

<http://www.cancercounselling.org.uk/>

Cancer Research UK

Aim: Provides information and varied support in Cancer.

Tel: 0808 800 4040

<http://www.cancerhelp.org.uk>

Carers Wales (part of Carers UK)

Aim: Offers information and support to professionals, relatives and friends who are carers. It will put people in contact with carer support groups in their area.

Tel: 029 2081 1370 Email: info@carerswales.org

www.carerswales.org

Citizens Advice Bureau

Legal advice and assistance with employment and disability rights problems.

Tel: 020 7833 2181

www.citizensadvice.org.uk

Cruse Bereavement Care

Aim: it is a UK charity offering information and support to anyone bereaved. They don't charge for their services. Provides counselling and support. Offers information, advice, education and training services.

Tel: 0870 167 1677

www.crusebereavementcare.org.uk

Crossroads

Aim: Provides schemes to support carers by giving them time to themselves and to take a break from their caring responsibilities.

Tel: 0845 450 0350

www.crossroads.org.uk

Cyswllt Ceredigion Contact

Aim: Cyswllt Ceredigion Contact is a registered UK charity, which was set up in 1992. We are a Day Service, providing help, advice and support for

people with drug and alcohol problems, and for their families. We also offer support to people with eating disorders.

<http://www.recovery.org.uk/>

Department of Work and Pensions

Advice on various state benefits

www.dwp.gov.uk or www.direct.gov.uk/DisabledPeople/fs/en

Advice on workplace adjustments. Help with the cost (via grants) associated with employing people with a disability.

www.jobcentreplus.gov.uk Tel: 0845 6060 234

Disability Alliance

Aim: Registered charity which provides advice about benefit entitlements for people with disabilities.

Tel: 020 7247 8776

www.disabilityalliance.org

Dyslexia Wales

Aim: The Dyslexia Wales course helps solve learning problems encountered by dyslexics. The course empowers both adults and children with dyslexia to take personal responsibility for their learning process. The Dyslexia Wales method does not rely on costly drugs, machinery or appliances. The course addresses the core difficulties and releases the latent talents of dyslexic people.

<http://www.dyslexiawales.com>

Encephalitis Society

Aim: The Society's stated aim is to improve the quality of life of all people affected directly and indirectly by encephalitis.

www.encephalitis.info/default.aspx

Epilepsy Action - Conwy & District Branch

Aim: The local branch of the British Epilepsy Association, the UK's largest organisation supporting people with epilepsy, their families/carers and professionals involved in the care, treatment and research of epilepsy.

<http://www.epilepsy-conwy.org.uk>

Equality and Human Rights Commission

Aim: Works to eliminate discrimination, reduce inequality, protect human rights and to build good relations ensuring that everyone has a fair chance to participate in society. Provides a helpline

www.equalityhumanrights.com Wales: 0845 6048810

Eyeline Port Talbot

Aim: Eyeline offers support and advice to anyone who is affected by sight loss: - Patient, Relative, Carer or Friend.

<http://www.eyeline.ik.com>

Kidney Patient Guide

Aim: Provides information for renal patients, their partners and families, health care professionals and anyone else who is interested in kidney disease

<http://www.kidneypatientguide.org.uk/>

Macmillan Cancer Support

Aim: A national charity providing expert treatment and care through specialist Macmillan nurses and doctors, and grants for patients in financial difficulties. The Macmillan Cancer Line gives information for patients and their carers about Macmillan services.

Tel: 0808 808 2020

Email: cancerline@macmillan.org.uk

www.macmillan.org.uk

Meningitis UK

Aim: Our mission is to fund research to find a vaccine to eradicate meningitis. We feel that focusing on prevention, as opposed to treatment and cure, is the only way to successfully eradicate the disease and prevent its devastating consequences. Meningitis affects thousands of people in the UK every year, so developing a vaccine will make a huge difference to countless lives.

www.meningitisuk.org

Motor Neurone Disease Association

Aim: Our mission is to fund and promote research to bring about an end to MND. Until then we will do all that we can to enable everyone with MND to receive the best care, achieve the highest quality of life possible, and die with dignity. We will also do all that we can to support the families and carers of people with MND.

www.mndassociation.org

Multiple Sclerosis (MS)

Aim: Provides information and support for people affected by Multiple Sclerosis (MS)

Tel: 020 8438 0700

<http://www.mssociety.org.uk/>

Muscular Dystrophy Campaign

Aim: To provide information, advice and support to all those who are affected by a muscle disease. They are able give advice and support to children and adults who are affected by muscular dystrophy and related muscle diseases.

www.muscular-dystrophy.org/index.html

National Debtline

Debt advice and guidance

www.nationaldebtline.co.uk Tel: 0808 808 4000

National Osteoporosis Society

Aim: Information on osteoporosis in women and men.

www.nos.org.uk

NHS Direct

Aim: To provide information and advice about health, illness and health services to people.

Tel: 0845 4647 (24 Hours Helpline)

www.nhsdirect.nhs.uk

Parkinsons Disease Society

Aim: Includes information for the newly diagnosed patient, treatments, money and benefits, and caring for someone with Parkinson's.

www.parkinsons.org.uk

Royal National Institute of the Blind – Cymru

Aim: Fact-sheet on age-related macular degeneration, including information on treatments.

www.rnib.org.uk/cymru

Royal National Institute of the Deaf

Aim: General information on age-related hearing-loss, with links to other possible causes.

www.rnid.org.uk

Tenovus

Aim: Tenovus is a charitable organisation committed to the control of cancer through: quality research, prevention, counselling and patient care.

<http://www.tenovus.org.uk>

Terrance Higgins Trust (Cymru)

Aim: We can help if you are living with HIV, know someone who is, or think you might be at risk of HIV. We can give information support and advice on HIV and all STIs

<http://www.ygm.org.uk/home/contactus/thtcymru/>

The Royal College of Psychiatrists

Aim: To provide older people's mental health page with links to leaflets on age-related conditions.

www.rcpsych.ac.uk

The Stroke Association

Aim: Provides a range of information including 10 things to know about a stroke and other stroke-related articles.

www.stroke.org.uk

Trauma Centre (UK)

Aim: A Centre set up for all survivors of Trauma.

<http://www.trauma999.co.uk>

Wales Neuromuscular Network

Aim: Provide support and care to patients with muscle disease and other neuromuscular conditions throughout Wales.

<http://medweb.uwcm.ac.uk/neuromuscularwales/>

Working After Cancer

Aim: Provide practical advice and tips on employment issues.

www.workingaftercancer.co.uk

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