



University of
Chester

HUMAN RESOURCES

Employee Health Management and Sickness Absence Policy

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EMPLOYEE HEALTH MANAGEMENT AND SICKNESS ABSENCE POLICY

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1. THE IMPORTANCE OF THE LINK BETWEEN HEALTH AND WORK

- 1.1 Work can have an important and positive impact on individuals' health and well-being. In addition to providing an income and the benefits that derive from this, work can also serve to boost self-esteem and status and provide companionship and a sense of belonging. It is also widely recognised that healthy and well-motivated staff can have an equally positive impact on the productivity and effectiveness of their employer's business.
- 1.2 The University of Chester recognises that the way work is organised and managed can have a positive impact on the health, safety and well-being of staff. Likewise it is recognised that if work is organised and managed ineffectively, it can have a negative impact on the well-being of staff.
- 1.3 The University believes that a high standard of attendance is crucial to the delivery of its core objectives and the quality of its service provision to students and other stakeholders, and the University wishes to ensure that its policies and practices provide appropriate support to all members of staff in relation to their health, well-being and attendance.
- 1.4 The provisions of the Employee Health Management and Sickness Absence Policy are key in promoting attendance at work and the policy forms part of a wider, holistic approach to workforce health, safety, well-being and resilience.

2. AIMS, PURPOSE, SCOPE AND AVAILABILITY OF THE POLICY

- 2.1 The University is committed to providing a safe and healthy working environment and to promoting the health, safety and well-being of its staff.
- 2.2 The purpose of this policy is to provide a framework for the promotion of good practice aimed at:
 - ensuring that a consistent approach is taken to the management of employee health and sickness absence that involves, amongst other things, treating staff reasonably and fairly;
 - establishing guidelines for line managers and staff in relation to the effective management of employee health and sickness absence;
 - identifying at as early a stage as possible any health or other problems that may be having an impact on a member of staff's health and well-being and their ability to attend work;
 - giving staff appropriate support through periods of ill health and facilitating their return to work at the earliest opportunity;
 - ensuring that necessary interventions are easily and speedily available;
 - taking reasonable measures to identify, support and retain members of staff with a disability, including the implementation of reasonable adjustments where appropriate;
 - ensuring that appropriate rehabilitation, support and workplace adaptations are provided where reasonably practicable;
 - managing referrals to the Capability Procedure when necessary, and
 - facilitating other resolutions where appropriate.

- 2.3 This policy applies to all categories of staff including line managers and the holders of senior posts.
- 2.4 Copies of this policy are available from Human Resources (HR) and on the HR Intranet site.
- 2.5 It is the responsibility of all members of staff to ensure that they familiarise themselves with the provisions of the Employee Health Management and Sickness Absence Policy.

3. GENERAL PRINCIPLES

- 3.1 The University of Chester employs a diverse workforce, with each member of staff making an essential contribution to the life and work of the University. Of necessity, the working patterns and practices across the institution vary between the staff groups. The University's aim is to support all members of staff, whatever their designation, whatever their working pattern by ensuring that each person is afforded the same duty of care and is treated fairly and consistently prior to, during and following periods of absence on sick leave.
- 3.2 This policy and associated procedures for the effective management of sickness absence have been drawn up by reference to ACAS guidelines.
- 3.3 Staff who are ill will be treated sympathetically and every effort will be made to assist their recovery and safeguard employment. However, it must be recognised that the loss of working days through sickness absence can be a significant cost to the University in terms of work not completed or the costs of arranging absence cover. Repeated sickness absence also places additional pressure on colleagues.
- 3.4 Persistent or long term absence cannot be supported indefinitely no matter how genuine the sickness is. The procedures described in this policy are not designed to be punitive and in particular the Health Management Reviews are intended to provide junctures at which the level of support provided by the University can be reviewed and evaluated in terms of the impact on the member of staff's attendance and enable further consideration to be given as to what additional support or action may be required. However, it is appropriate, during these meetings, for members of staff to be made aware of the impact of their continued absence, and for example, that they may reach a stage at which they will be referred to the Capability Procedure and the potential consequences of this.
- 3.5 Accurate records of sickness absence are important in enabling the University to identify patterns of sickness and/or establish any underlying cause including work-related health problems. As such, no absence will be disregarded for the purposes of paragraph 3.4 above. However, the University reserves its right to exercise its discretion in determining the appropriate management response on a case by case basis so as to accommodate individual circumstances, and the provisions outlined in sections 6 and 7 will apply in relation to disability, pregnancy or gender reassignment.
- 3.6 The provisions of this policy are intended to complement other provisions already available to staff via the University's Healthy University Strategy and professional services such as HR, the University's Occupational Health (OH), counselling and other services.

3.7 The University also has a range of policies to cover absences for reasons other than personal sickness and the following policies, procedures and practices have been introduced:

- a policy on flexi-time which is available to professional services staff within various departments, a TOIL policy, and varied working arrangements, where this assists workers without conflicting with service delivery or other work demands.
- other work-life balance policies to support staff with family responsibilities e.g. the right to request flexible working, parental leave, time off for dependants, special leave etc.
- Nursery facilities.
- authorisation of reasonable absences to cover business or medical appointments, including ante-natal care, which have been notified in advance. All pregnant members of staff, regardless of length of service, are entitled to reasonable, paid time off for ante-natal care.
- provision for disabled staff to take reasonable time off to undergo assessment, treatment or rehabilitation for a reason relating to their disability – see section 6 below.
- authorised absence whenever appropriate to cover specific religious observances of minority groups.

Please refer to the HR 'Policies and Procedures' section within Portal or contact a member of HR for further information.

4. PROMOTING ATTENDANCE AT WORK

4.1 Interventions aimed at proactively managing sickness absence and supporting members of staff with any attendance problems that they may have do not seek to prohibit or eliminate absence, but to achieve improved attendance at work and are a vital part of an employer's responsibilities

4.2 Managing sickness absence is important because:

- failure to manage sickness absence effectively can lead to unequal treatment of members of staff and may establish precedents which may not reflect best practice;
- failure to monitor sickness absence can mean that members of staff who need help are not identified in time and any difficulties for members of staff and the University are aggravated;
- levels of sickness absence can be an indication of staff morale and attitudes, and monitoring can indicate areas which should be of concern to management;
- illness which is not genuine places an additional, unnecessary burden on fellow colleagues.

4.3 Levels of sickness absence can be reduced when positive policies and procedures are introduced to improve working conditions and increase workers' motivation to attend work. The University will continue to consult with the recognised trade unions, UCU and UNISON, and will ensure that:

- suitable physical working conditions are provided;
- ergonomic factors are taken into account when designing workplaces;

- health and safety standards are maintained and appropriate risk assessments, including stress risk assessments, are undertaken;
- new starters, especially young people, are given training and receive particular attention during the initial period of their work;
- the prevailing ethos is one of collegiality and teamwork;
- jobs are designed so that they provide motivation and job satisfaction, which will include such things as providing variety, discretion, responsibility, contact with other people, feedback, some challenge and have clear goals;
- training, career development and promotion policies, communication procedures and welfare provision are reviewed on a regular basis to see if they can be improved;
- policies on equality and discrimination are fair and observed, and
- training for line managers is adequate and appropriate, and line managers recognise the importance of consultation and take an interest in their colleagues' health and well-being.

5. **INTERVENTIONS**

5.1 As soon as a member of staff returns to work following any period of sickness absence the line manager will schedule a **Return to Work (RTW) Discussion**. RTW Discussions support the member of staff to attend work and to identify any actions that are needed to achieve this. In many cases the RTW Discussion need only be 'light touch' with a brief note recorded on the RTW Discussion Form. However, in cases where there has been a longer term absence, where the level of absence is becoming a cause for concern or an 'absence pattern' is emerging there may be a need for a more structured discussion. It is recognised that line managers need to be sensitive about repeated absence and that it is important to establish the root cause.

5.2 The purpose of the RTW Discussion is to:

- welcome the member of staff back to work and check they feel well enough to resume their duties;
- allow both the line manager and the member of staff the opportunity to confirm that the record of sickness absence and reason for the absence is accurate and ensure that the Self-Certification and RTW Discussion Form (Appendix D) is completed;
- discuss the details of the member of staff's Fit Note (as appropriate), any recommendation from Occupational Health (if applicable) and any health concerns that may affect their work and/or any rehabilitation measures;
- discuss whether there are any underlying concerns or health issues that may have contributed to the absence and explore ways in which the University can assist in addressing the root cause. This is important because collating this information consistently and after every absence may reveal a trend or an underlying condition that may be a disability. For example, if a member of staff has had frequent absences due to headaches or backaches this may indicate a problem with their desk position, seat or computer screen;
- discuss any reasonable adjustments that may have been recommended by Occupational Health if the member of staff has a disability;
- where the member of staff is returning to work following a stress-related absence, undertake (or review) a stress risk assessment to identify any factors contributing to their absence and agree actions to alleviate this;

- agree any other support that may be appropriate, for example, a referral to Occupational Health;
- take the opportunity to update the member of staff in regard to what has been happening in the workplace and any changes they need to know about in cases where the member of staff has been absent for a longer period of time; and
- where appropriate, advise the member of staff, in cases where there is scope for improved attendance, of the University's expectations and the likely consequences if this does not happen.

5.3 Since sickness absence falls into a number of categories, each potentially requiring a different management response, the University uses a number of different 'triggers' to alert HR and line managers to the fact that there may be a potential problem with a member of staff's absence. These are:

- Six incidents of sickness absence in a rolling 12-month period.
- A Bradford Score of 350 points or above over a 12-month period (*please see Appendix A section 2.5 for information on Bradford scoring*).
- Any absence of 28 calendar days (i.e. 4 consecutive weeks) or more.
- Any identified pattern of sickness absence.

5.4 Where it is clear that earlier interventions have not served to make a sufficient improvement to a member of staff's attendance they may be required to attend a **Health Management Review (HMR)**. Further details regarding the HMR are provided in Appendix A Section 4. The HMR is intended to be a supportive measure and its purpose is to:

- conduct a review of the member of staff's sickness record;
- seek to establish whether there is any underlying root cause preventing the member of staff from rendering improved and sustained attendance;
- discuss the effectiveness of the interventions and/or reasonable adjustments that have already been made;
- consider whether there are any further interventions, support or reasonable adjustments that may need to be made to improve the member of staff's attendance, including a review of any previous stress risk assessment (where applicable); and
- if appropriate in the circumstances, advise members of staff of the impact of their continued absence, for example, that they may reach a stage at which they will be referred to the Capability Procedure and the potential consequences of this.

5.5 Members of staff will normally be referred to the **Occupational Health Service**:

- in cases of long-term sickness absence of **28 calendar days** or more;
- where there is an identified work related issue which requires further investigation or advice;
- where a referral is deemed appropriate following discussions at a Return to Work Discussion or Health Management Review meeting.

5.6 Where a member of staff is referred to the Occupational Health Service, they are expected to attend. Should a member of staff fail to attend an appointment with Occupational Health, the University may make decisions (for example, in relation to

reasonable adjustments, support, workplace adaptations and potential referral to Capability Procedure) on the basis of the limited information available at the time

- 5.7 The Occupational Health Service provides a confidential counselling service. Members of staff who wish to make use of this service should contact a member of HR who will make a referral.
- 5.8 Staff can also access a confidential telephone counselling service through the University's Employee Assistance Programme without the need for a referral. This service is available 24 hours a day, 365 days a year. This can be accessed by telephoning 0330 102 6487 and requesting the counselling service, providing the verification number 33779.
- 5.9 **Keeping in contact** is a key factor in helping members of staff to return to work after a period of sickness absence. However, it is recognised that for some staff this is a sensitive matter as they may feel pressed to come back to work too early. Line managers are encouraged to use their discretion in maintaining contact with members of staff.
- 5.10 In cases of stress-related absence, HR will contact the absent member of staff within the first week of being notified of their absence to ascertain whether the staff member wishes to discuss any issues that may have triggered their absence and whether any support can be provided. The University reserves the right to make an early referral to Occupational Health where appropriate.
- 5.11 In cases of long-term sick leave HR may contact the absent member of staff from time to time to enquire in a supportive manner how the person's health is progressing. HR may arrange a **home visit** with the member of staff's permission. Alternatively, a meeting may be arranged at another mutually convenient location.
- 5.12 The University may refer a member of staff to a medical practitioner of the University's choice for a further opinion on their condition. The choice of medical practitioner will be reasonable in all of the circumstances. Where a member of staff is so referred, they are expected to attend, irrespective of whether they have also been referred to the Occupational Health Service by the University.

6. STAFF WITH DISABILITIES

- 6.1 The University is committed to complying with its obligations under the Equality Act 2010 and as such will seek to respond as early as possible when any health problems arise and will implement reasonable adjustments, as appropriate, for staff who are disabled within the meaning of the Act.
- 6.2 In applying this procedure consideration will be given to the impact of the individual's disability on their attendance and what adjustments might reasonably be made to support them to remain in work such as:
- changes to working arrangements and/or working hours;
 - changes to duties; and
 - the provision of additional training or equipment.

6.3 Some disabled employees may need to take time off to undergo treatment, assessment or rehabilitation for a reason related to their disability. The University provides disabled employees with reasonable paid time off work for reasons related to their disability that are not covered by any other University leave arrangements – this type of leave is known as **disability leave**. It can usually be planned in advance and is for a fixed period of time. Examples of disability leave may include:

- hospital or doctors' appointments
- hospital treatment as an outpatient
- counselling appointments
- assessment for conditions such as dyslexia
- hearing aid tests or equipment servicing
- training with a guide, hearing or assistance dog.

Criteria for disability leave should be agreed in advance on the basis of individual needs through a meeting with the relevant manager, taking into account relevant medical information and any Occupational Health advice. Managers should ensure that absences due to disability leave are recorded as such. Disability leave will not form part of the employee's sickness record.

6.4 It may be the case that an employee plans a period of disability leave, but then due to circumstances beyond their control, the length of time they anticipated being absent becomes extended. This element of the leave will normally be treated as sickness absence rather than pre-planned disability leave.

6.5 A disability can affect an employee's absence levels and their particular circumstances will be taken into account when making decisions on how absence should be managed on a case-by-case basis. Where an employee's absence relates to a disability, this should be recorded on the Self-certification and RTW Discussion Form. In some circumstances, a disability may come to light at a later date and it may be necessary to discuss an employee's absence record retrospectively and document any absences that were related to the employee's disability.

6.6 Where disability-related absence is impacting on an employee's ability to attend work regularly, this will need to be addressed. Disability-related absence will not be discounted when managing sickness absence. The University will exercise discretion on a case by case basis and HR may seek advice from Occupational Health on whether any adjustment to the trigger points would be appropriate to ensure that absence is managed fairly and appropriately.

7. PREGNANCY AND GENDER REASSIGNMENT

7.1 Higher levels of absence may also occur with other employees who have a protected characteristic, particularly members of staff who are pregnant or undergoing gender reassignment. It is important to take their circumstances into account when managing their absence to ensure they do not suffer any unfair disadvantage.

7.2 Pregnancy-related sickness absence will form part of an employee's sickness record and will be taken into account when determining whether a HMR should be conducted, so as to ensure that the necessary support is provided, however it will not be taken into account in determining any subsequent action through the Capability Procedure.

- 7.3 Members of staff needing time off work to undergo a process of gender reassignment are encouraged to disclose and discuss, voluntarily and in confidence, their status with their line manager so as to enable any necessary arrangements to be made and determine what support can be provided. Where a member of staff feels they are not yet ready to make such a disclosure to their line manager they should contact equality@chester.ac.uk or telephone extension 2135.
- 7.4 Absence for gender reassignment may include medical and other appointments and counselling sessions or may involve medical treatment and interventions, but it doesn't have to.
- 7.5 The Equality Act 2010 provides that staff taking time off in respect of medical appointments and treatments should be treated no less favourably than if the absence was due to any other illness or injury, therefore medical treatments and the effects of any medical treatments relating to gender reassignment which may make the member of staff unwell will be managed and recorded as time off in accordance with the provisions of this policy. Normal sick leave and pay provisions will apply and any absence must be covered by a self-certificate or Statement of Fitness for Work (Fit Note).
- 7.6 Where a member of staff needs time off to undergo a non-medical procedure relating to gender reassignment they should be treated no less favourably than if the absence were for some other reason requiring a period of annual leave, unpaid leave or special leave.
- 7.7 So as to protect the confidentiality of members of staff taking time off work due to gender reassignment all such absence and any medical certification in relation to the absence should be submitted to HR via equality@chester.ac.uk.

8. MEDICAL APPOINTMENTS

- 8.1 Members of staff will be allowed reasonable paid time to attend appointments with a doctor, dentist, hospital or for medical screening, providing the line manager receives advance notification of the appointment. Any appointments that fall in any of these categories will not form part of the member of staff's sickness record, but will be classed as authorised absence. Members of staff are advised that appointments for any of these purposes should be made, where possible, at the start or end of the working day.

9. WRITTEN RECORDS AND CONFIDENTIALITY

- 9.1 All correspondence and documentation in relation to any sickness absence will be stored in accordance with the General Data Protection Regulations by those involved in the procedure. The relevant manager must contact HR if s/he is unsure of the procedures to follow.
- 9.2 Copies of all absence documentation will be filed in accordance with Human Resources' operating procedures and will remain confidential unless otherwise agreed by all parties concerned. Any breach of confidentiality may result in disciplinary action.

10. OPERATIVE DATE AND REVIEW

- 10.1 This procedure was approved at a meeting of the University Council held on 20th November 2018 and is effective from 1st December 2018.
- 10.2 The Employee Health Management and Sickness Absence Policy will be reviewed periodically in the light of any developments in employment legislation or good employment practice and, if necessary, revised in order to ensure its continuing relevance and effectiveness.
- 10.3 A review may be proposed by either the management or trade union side upon giving three months' notice in writing. The review will be conducted by the Joint Policy Review Steering Group; a working group comprised of members of the University management and recognised trades unions.
- 10.4 In any event, the procedure will be reviewed formally a minimum of once every three years.
- 10.5 This policy has undergone an assessment of any actual or potential adverse impact on equality groups. A report of this assessment is available on the University's Diversity and Equality intranet site and will be kept under review.

APPENDIX A - PROCEDURES FOR THE MANAGEMENT OF EMPLOYEE HEALTH AND SICKNESS ABSENCE

1. REPORTING AND RECORDING PROCEDURES

- 1.1 If a member of staff becomes ill while at work and feels too unwell to continue working, s/he should contact her/his line manager. The line manager should give permission for the individual to leave work to enable her/him to seek medical advice, if appropriate. Absence for part of a working day will be recorded and reported to HR, and will count as an instance of absence, but the part day's absence will not ordinarily count towards the total amount of working days lost for the purpose of calculating the individual's Bradford Score unless the member of staff's sickness absence record reveals the emergence of a pattern of behaviour.
- 1.2 On the first day of absence a member of staff who is sick and unable to attend work should normally contact her/his line manager (or the person designated as responsible for recording and reporting sickness absence within the department) within 1 hour of the time when s/he would have been expected to start work. This will enable the department to reallocate workloads and ensure replacement cover can be arranged where necessary. Staff with a flexible or irregular work pattern should make contact as early in the day as possible.
- 1.3 When reporting absence from work due to sickness, staff will be required to supply the following information:
 - the nature of illness
 - the anticipated length of absence;
 - details of any outstanding or urgent work that needs to be dealt with during the absence.
- 1.4 If a member of staff believes that her/his condition may be related to an incident at work, s/he should inform her/his line manager. In such circumstances the Adverse Event Report Form should be completed and a copy forwarded to HR immediately.
- 1.5 Staff should not normally ask anyone else to make contact on their behalf unless it is absolutely not possible for them to do so.
- 1.6 When a member of staff reports that they will be absent from work due to sickness, the person designated as having responsibility within the member of staff's department for recording/reporting sickness absence will record the information within the MyHR system.
- 1.7 Line managers are responsible for ensuring that the online sickness absence recording system is used to record an employee's absence from work. This information **must** be recorded on the day that a member of staff informs them of their sickness. The line manager must also ensure that any Fit Notes/Hospital In-patient Certificates are sent immediately upon receipt to HR.
- 1.8 If, following the initial contact to report the absence (see paragraphs 1.2 and 1.3 above), the employee remains unwell and it appears likely that the absence will continue longer than initially envisaged they should contact their line manager and update them accordingly and submit the appropriate documentation, either a Hospital In-patient Certificate or Statement of Fitness for Work (Fit-Note). For short-term

sickness up to and including the **27th calendar day of absence**, the member of staff should contact their line manager or HR when their Fit Note is due to expire to advise whether they will be returning to work or whether their absence will be continuing. This contact is important to enable the line manager to plan appropriately, and HR will liaise with the line manager to identify whether referral to the Occupational Health Service is required, in order for the University to provide support and guidance to aid the individual's swift recovery.

- 1.9 It is important that all members of staff follow these Reporting Procedures to ensure that they receive advice and support from the University to help them recuperate from their illness. Where individual circumstances prevent the member of staff from complying with these procedures, reporting procedures will be modified as appropriate depending on the nature of the illness.
- 1.10 Members of staff must provide the University with the necessary documentary evidence to substantiate the reason for their absence from work and in support of a claim for Statutory Sick Pay (SSP) or Occupational Sick Pay Allowance (OSPA). Documentary evidence takes the form of:
- a Self-Certification Form for absences of between 1 and 7 calendar days;
 - a Statement of Fitness for Work (Fit Note) (N.B. previously known as a doctor's note) for absences exceeding 7 calendar days (see section 1.13 below);
 - in cases of admission to hospital the member of staff must provide an Inpatient's Certificate.
- 1.11 Where such documentation is not provided in a timely manner the absence will be treated as unpaid leave and the member of staff's absence will be deemed to be unauthorised.

1.12 Statements of Fitness for Work (Fit Notes)

- 1.12.1. Statements of Fitness for Work (Fit Notes) were introduced in 2010 and replaced 'medical certificates' or 'doctor's notes'. They were introduced with the intention of reducing long term absence by assisting employees to return to work at an earlier stage where appropriate support can be provided by employers.
- 1.12.2. A Fit Note may state that an employee is 'not fit for work' for a specified period of time, or that they 'may be fit for work taking account of the following advice'. A GP may use this option if they think that the patient's health condition may allow them to return to work, as long the employer is able to provide the appropriate support and accommodate the recommended adjustments.
- 1.12.3. If a GP uses this option, s/he will give advice about the effects of the patient's health condition and, if appropriate, some suggestions about the types of adjustment or adaptations that the employer needs to consider in order to assist the employee to return to work, such as:
- a phased return to work;
 - flexible working;
 - amended duties;
 - workplace adaptations.

- 1.12.4. If it is not reasonably practicable to make the changes recommended by the GP to support the employee's return to work then the employee will be treated as unfit for work for the duration of the Fit Note. They will not be required to return to their GP to be certified unfit for work.
- 1.12.5. Other than in cases where the GP states on a Fit Note that s/he will need to see the patient again, the assumption is that the patient is fit for work once the certification period expires, meaning that staff are no longer required to be signed as fit to return to work.

2. MONITORING SICKNESS ABSENCE

- 2.1 Given that sickness absence falls into a number of categories, each potentially requiring a different management response the University uses a number of different 'triggers' to alert HR and line managers to the fact that there may be a potential problem with a member of staff's absence. These are:
- Six incidents of sickness absence in a rolling 12-month period.
 - A Bradford Score of 350 points or above over a 12-month period (*please see section 2.5 for information on Bradford scoring*).
 - Any absence of 28 calendar days (i.e. 4 consecutive weeks) or more.
 - Any identified pattern of sickness absence.
- 2.2 HR will send a report to all Heads of Department on a monthly basis, identifying staff who have reached one or more 'triggers'. A Health Management Review meeting will then be arranged with those members of staff identified.
- 2.3 HR will regularly review sickness absence to ensure that each department is able to function effectively and to check for patterns that give cause for concern or indicate the possibility of health problems that may be exacerbated by the working environment. HR will provide line managers with the appropriate advice where a member of staff's absence gives cause for concern.
- 2.4 HR will report sickness absence statistics to the Senior Management Team on a quarterly basis and to the University Council Human Resources Committee. These reports will be produced in accordance with the General Data Protection Regulation regarding the confidentiality of employee information.

2.5 Bradford Scoring Explained

- 2.5.1. The Bradford Score is a method of measuring short, frequent and unplanned absences. Short, frequent absences tend to be more disruptive to the business of the University because they are difficult to plan for and so have a disproportionately detrimental impact on service delivery and because of the burden they place on other staff who are left to pick up the work of the absent employee.
- 2.5.2. The 'Bradford' Score is used as an indicator of individual sickness levels. The score is calculated over a rolling 12 month period as follows: -
- (Number of sickness incidents)² x (Number of working days lost due to sickness)
- 2.5.3. The trigger system of 350 points has been taken from the published reports of those using the Bradford Score as an indicator of sickness absence, where they have taken

350 as the threshold figure for action to be taken by the employer. This system will be monitored on a regular basis for its suitability and objectiveness when managing sickness absence.

2.5.4. Below are a few examples of how the Bradford Score is calculated for individuals:

- 3 instances with a total of 5 days' sickness would give a Bradford Score of 45. This would not trigger a Health Management Review.
- 6 instances with a total sickness of 12 days would give a Bradford score of 432. This would automatically trigger a Health Management Review.
- 5 instances with a total sickness of 20 days would give a Bradford score of 500. This would automatically trigger a Health Management Review.
- 7 instances of sickness with a total sickness of 8 days would give a Bradford score of 392. This would automatically trigger a Health Management Review.

3. RETURNING TO WORK FOLLOWING A PERIOD OF SICKNESS ABSENCE

- 3.1 Upon their return to work following any period of absence, the employee must complete the first part of the Self-Certification and RTW Discussion Form (Appendix D) to confirm the duration and reason for their absence.
- 3.2 If the member of staff has been absent for more than 7 calendar days s/he should produce a Statement of Fitness for Work (Fit Note) from a GP to cover the remainder of the absence (unless this documentation has already been forwarded to the line manager by post or other means).
- 3.3 The line manager (or the person designated as having responsibility within the department for recording/reporting sickness absence) will forward any original Fit Notes, where applicable, to HR under confidential cover. **Photocopies of this documentation must not be taken and retained within the department.**
- 3.4 In the case of long term, on-going absence the member of staff will need to forward any Fit Notes to HR as soon as practically possible so as to ensure that the absence is not treated as unauthorised leave.
- 3.5 **Return to Work Discussion**
- 3.5.1. On returning to work following any period of sickness absence, the member of staff must engage in a 'return to work discussion' with their manager. Matters discussed during the return to work discussion may alert the manager to other issues such as headaches or back pain indicating a problem with seating and/or lighting which may be impacting on the employee's health but which may be easily remedied. The return to work discussion can also be used to identify whether someone has returned to work too soon. Guidelines for Conducting a Return to Work Discussion are attached as Appendix C. The second part of the Self-Certification and Return to Work Discussion Form (Appendix D) should be completed by the manager to record any details discussed. The Self-Certification and RTW Discussion Form should be signed by both the employee and the manager.
- 3.5.2. If a Fit Note has been provided which includes recommendations regarding adjustments then the line manager should discuss these with the member of staff during the meeting.

- 3.5.3. Where there is any doubt about whether the member of staff is fit enough to attend work, or whether any recommendations from the GP can be accommodated, advice should be sought from HR in the first instance.

4. HEALTH MANAGEMENT REVIEW (HMR) MEETINGS

4.1 First Health Management Review (HMR)

- 4.1.1. A Health Management Review (HMR) meeting will take place where one of the trigger points outlined in paragraph 2.1 has been reached.
- 4.1.2. The member of staff will be given at least **5 calendar days'** written notice from HR of the meeting (unless the member of staff agrees to less). S/he may choose to be accompanied by a representative of a recognised trade union or a fellow co-worker (acting as a friend and not in a professional capacity). The representative/companion may address the meeting or confer with the member of staff during it but will not be allowed to answer questions on behalf of the member of staff. The line manager and a member of HR will also be present at the meeting. The meeting will not necessarily take place on University premises.
- 4.1.3. If the individual's trade union representative or fellow co-worker is unavailable to attend any meeting at the appointed time, s/he may request postponement and suggest an alternative time and date. Where the suggested alternative is reasonable and **within 5 working days** of the original date the meeting will be postponed.
- 4.1.4. Members of staff will not be expected to disclose personal medical information at this meeting but will be expected to discuss the causes of absence. The HMR Form is attached as Appendix E and should be signed by both the employee and the line manager.

4.2 Second Health Management Review (HMR)

- 4.2.1. If, following the first Health Management Review meeting and despite the supportive measures employed by the University, the member of staff's level of absence continues to give cause for concern and a further trigger point is reached, this will trigger a second Health Management Review meeting with the line manager and a representative of HR. This may result in the employee being referred to the formal stages of the Capability Procedure.

4.3 Subsequent Health Management Reviews

- 4.3.1. If, after a period of satisfactory improvement, attendance levels again deteriorate, the case will be reviewed based on its individual merits and, depending on the circumstances, it may be necessary to conduct a further Health Management Review or to invoke the formal stages of the Capability Procedure. The Capability Procedure will not normally be invoked unless the employee has had at least two Health Management Reviews within the last three years and one of these has taken place within the last 12 months.

4.4 Referrals to the Capability Procedure

- 4.4.1. The Capability Procedure is linked to but discrete from the Employee Health Management and Sickness Absence Policy.

- 4.4.2. Where there is ongoing cause for concern regarding a staff member's level of absence, as detailed in sections 4.2 and 4.3, this may be referred to the formal stages of the Capability Procedure. This involves the member of staff being invited to a formal hearing where their absence levels are discussed with a more senior manager to determine whether there is any further support that can be offered to improve the staff member's attendance. The hearing may result in the staff member being issued with a formal warning requiring them to improve their attendance.
- 4.4.3. The Capability Procedure is a four stage procedure, with the potential outcomes of each stage as follows:
- Stage 1 – Formal Oral Warning
 - Stage 2 – Formal Written Warning
 - Stage 3 – Final Written Warning
 - Stage 4 – Dismissal
- 4.4.4. Please refer to the University's Capability Policy and Procedure for further details.

5. OCCUPATIONAL HEALTH REFERRALS

- 5.1 Members of staff may not refer themselves to the Occupational Health Service; all referrals must be made by HR.
- 5.2 Members of staff will normally be referred to the Occupational Health Service:
- in cases of long-term sickness absence of 28 calendar days or more;
 - where there is an identified work related issue which requires further investigation or advice;
 - where a referral is deemed appropriate following discussions, for example at a return to work or Health Management Review meeting.
- 5.3 Where appropriate, advice may be sought from Occupational Health as to whether a member of staff's medical condition is likely to be considered a disability under the Equality Act, and if so, whether any adjustments are recommended.
- 5.4 Where a member of staff is referred to the Occupational Health Service, they will be expected to attend.
- 5.5 The Occupational Health Service provides a confidential counselling service. Members of staff who wish to make use of this service should contact a member of HR who will make a referral. The content of any discussions between an employee and their counsellor remains confidential and is not disclosed to the University.
- 5.6 Staff can also access a confidential telephone counselling service through the University's Employee Assistance Programme without the need for a referral. This service is available 24 hours a day, 365 days a year. This can be accessed by telephoning 0330 102 6487 and requesting the counselling service, providing the verification number 33779.

6. LONG-TERM SICKNESS/IDENTIFIED ILL HEALTH

- 6.1 Where a member of staff is unfortunate enough to suffer long-term sickness absence, which is defined for this purpose as **28 calendar days** or more, the line manager as well as having natural concern for the individual's wellbeing, will need to address the effect that her/his absence is having on the smooth running of the department. HR will contact the absent member of staff from time to time to enquire in a supportive manner how the person's health is progressing. The member of staff has a responsibility to update HR regularly on her/his likely date of return to work and provide Fit Notes in a timely manner. The University will not normally accept a Fit Note that signs an employee off work for more than 3 months at a time.
- 6.2 All managers will receive advice from HR in cases of long-term sickness absence of **28 calendar days** or more. In such cases HR (following discussion with the line manager) is likely to refer the member of staff to the Occupational Health Service for advice on the nature of the illness, a likely date of return and any rehabilitation requirements. The individual will be informed of the referral in advance.
- 6.3 In some cases of long-term sickness absence, the Occupational Health Service may (in accordance with the Access to Medical Records Act 1988) request consent from the member of staff to obtain a report from their GP or Consultant in order to provide more detailed information regarding the medical condition and prognosis. Should a member of staff decline to give their consent for such a report to be obtained, the University may make decisions on the basis of the information available at the time.
- 6.4 Following a prolonged period of sick leave the Occupational Health Service can advise (if appropriate) on rehabilitation to enable the member of staff gradually to undertake the full range of duties. This may include an initial period of reduced hours or carrying out alternative duties. Where the hours of work are reduced following a return to work, this would be on full pay for a limited period of up to four weeks. Should a longer phased return be necessary, the member of staff may use annual leave or reduce their hours on a temporary basis.
- 6.5 Where appropriate, once advice has been received from the Occupational Health Service, the member of staff will be invited in writing to a meeting with her/his manager and a representative of HR to discuss the advice received. (This meeting will be deemed as a Health Management Review meeting.) S/he may choose to be accompanied by a representative of a recognised trade union or a fellow co-worker (acting as a friend and not in a professional capacity). At least **5 calendar days'** notice will be given for the meeting (unless the member of staff agrees to less).
- 6.6 Where a member of staff is absent from work for 6 months or more, HR may meet with representatives from the Occupational Health Service to discuss their case in more detail with a view to supporting the member of staff's swift recovery. Every case will be dealt with on an individual basis and on its own merit before any recommendations for the member of staff's return to work are made. A representative from HR may visit the member of staff's home, with her/his permission, in order to avoid the member of staff being required to come into the University. Alternatively, a meeting may be arranged at another mutually convenient location. The member of staff may choose to be accompanied by a representative of a recognised trade union or a fellow co-worker (acting as a friend and not in a professional capacity).

- 6.7 If the member of staff is considered by the Occupational Health Service to be permanently unfit to resume her/his duties but not unfit to return to work in another capacity, job redesign and an amendment to the job description will be considered and if that is not possible, redeployment into another type of work will be explored. The University would not expect to create a new post specifically for the member of staff in this scenario, but may be in a position, depending on the circumstances, to consider a reconfiguration of the existing staffing profile. The individual's views will be taken into account in the exploration of options. Following the meeting, the content of the discussion and any action to be taken will be confirmed in writing. In some cases more than one meeting will be necessary and if the individual is unable to travel, a meeting may take place at her/his home or an alternative location, if s/he prefers. Alternatively, a written representation can be submitted.
- 6.8 There may be occasions where the University recommends that a member of staff seeks a second opinion from an independent Occupational Health practitioner. Where this is the case, the member of staff will have the opportunity to refer the independent practitioner to her/his Consultant or GP.

7. RETIREMENT ON ILL HEALTH GROUNDS

- 7.1 Medical retirement may occur on a voluntary basis, or following termination of employment on grounds of incapability, depending on the rules of the relevant pension scheme. However, this option may only be considered as a last resort once all other options have been explored and it is agreed that the employee is unable to return to work, and will be dependent on the rules of the relevant pension scheme.

8. DISMISSAL FOLLOWING LONG-TERM SICKNESS

- 8.1 Medical reports will be considered, although the decision to dismiss is an employment decision rather than a medical one. If two medical reports conflict, the University will commission a third report from a medical practitioner. The exception to this is when the University's Occupational Health Physician has stated that the only way to reconcile differences of opinion is to obtain an independent consultant's report. If the University decides to base its decision on one medical report rather than the other, they will explain their reasons for doing this, for example that one doctor had superior knowledge about the type of environment in which the member of staff was working.
- 8.2 With personal consultation having also taken place a decision about dismissal will then depend on whether, in the circumstances, the University could be expected to wait any longer for the member of staff to return from sickness absence, taking into account:
- The prognosis for recovery
 - The nature, length and effect of the illness or disability
 - The member of staff's past and likely future service with the organisation
 - The importance of the job and the feasibility of employing a temporary replacement
 - The effect of continued absence or illness on other members of staff
 - The general effect on the service delivered and
 - The cost of the member of staff's sickness absence.
- 8.3 Alternative duties will have been considered before dismissal is taken as the only option available.

- 8.4 If a member of staff is deemed to be unfit for employment for the foreseeable future, consideration will be given to termination of her/his employment. Every effort will be made to meet with the individual at this point but where this is not possible consultation will take place in writing. Following consultation, if termination of employment remains an appropriate option, the final stage of the Capability Procedure will be invoked. Should the outcome of this result in the termination of a member of staff's employment, the termination date will normally be after entitlement to University Occupational Sick Pay Allowance (OSPA) has expired, though this may be earlier where appropriate. The outcome will be confirmed in writing and the right of appeal and the mechanism for appealing will be explained.
- 8.5 In the case of a member of staff whose health problem falls within the definition of 'disability' within the Equality Act 2010, the University will take the appropriate advice and act accordingly. All parties, including trade union representatives, will be advised of the appropriate action recommended in each case. (Guidance notes on the Equality Act 2010 may be found at Appendix G).

9. DISMISSAL FOLLOWING SHORT-TERM SICKNESS

- 9.1 Prior to dismissing a member of staff due to repeated short-term absence, the University will be able to show that it has considered:
- The nature of the illnesses
 - The likelihood of recurring illness
 - The length of the various absences and the spacing of good health between them
 - The need of the University for the work done by the particular member of staff
 - The impact of the absences on others who work with the member of staff.
- 9.2 The adoption and execution of the policy, and the importance of personal assessment in the final decision, are emphasised, and the situation will have been made clear to the member of staff during earlier stages of the formal Capability Procedure. Medical reports are not seen as essential in all fair dismissal cases concerning short-term sickness absence (although such reports may be useful).

10. PERSONAL ANNUAL LEAVE ACCRUAL DURING PERIODS OF SICKNESS ABSENCE

- 10.1 A member of staff will continue to accrue contractual annual leave entitlement in accordance with the provisions of the Working Time Regulations during a period of sick leave.
- 10.2 If a member of staff falls sick prior to the start of an agreed period of annual leave, the University may, at its discretion, treat the period of absence as sickness and allow the member of staff to take her/his annual leave at a later time to be agreed.
- 10.3 If a member of staff falls sick after her/his holiday has started this will be treated as Annual Leave unless satisfactory, contemporaneous medical evidence is provided showing the member of staff was prevented from taking holiday through sickness and/or injury. This evidence must be obtained at the time the member of staff first falls ill. Retrospective evidence will not be accepted other than in exceptional circumstances. The University may, at its discretion, allow the member of staff to take her/his annual leave at a later time to be agreed.

- 10.4 If a member of staff is prevented from taking all of their accrued annual leave during the annual leave year due to sickness absence, the following provisions will apply:
- A member of staff may make a request to take annual leave during the period of sickness absence. Any such request should be submitted to HR. In such cases, payment of OSPA and/or SSP will be suspended and staff will be paid their normal salary during the period of annual leave, effectively extending any sick pay entitlement.
 - Similarly, where a member of staff has exhausted all of her/his sick pay entitlement s/he can request to take annual leave and they will be paid their normal pay for the duration of the leave.
 - A member of staff may carry forward unused annual leave up to a maximum of 20 days (pro rata for part time staff) to the next annual leave year. Upon his/her return from sickness absence, the member of staff must discuss with their line manager when they might be able to take this additional annual leave in order to minimise any difficulties or disruption the additional annual leave entitlement might have on the smooth running of the department.
 - If a member of staff returns before the end of the leave year but fails to take their leave during the remainder of the year when they had the opportunity to do so they lose their right to carry forward leave in excess of 5 days (pro-rata for part-time staff).
- 10.5 Members of staff absent on long term sick leave who retire on ill-health grounds or have their contract terminated without returning to work, may, if so entitled, be paid a sum of money in lieu of their outstanding Annual Leave entitlement.

11. STAFF CONDUCT WHILST ON SICK LEAVE

- 11.1 Whilst on sick leave members of staff are advised to take reasonable steps to aid their recovery and to avoid activities which may be prejudicial to their rehabilitation.
- 11.2 Where there is evidence to suggest that the member of staff had purported to be absent by reason of sickness, but this was not the case, then further action may be taken against the member of staff for breach of contract.
- 11.3 The submission of deliberately false information as to the reason for the absence or any other abuse of sickness absence procedures may be treated as Gross Misconduct, which may lead to disciplinary action and ultimately to the member of staff's dismissal.