

## Policy on the Management of Sickness Absence

### 1. Introduction

The Institute of Education has a duty of care and a responsibility for the health and well being of all its employees. As such it is committed to the fair and consistent application of a sickness absence management policy that supports employees in returning to work as speedily as possible. It ensures that managing absenteeism is not only about taking action against the manifestation of symptoms, it is also importantly about the identification of the root causes within the workplace. In implementing such a policy, the Institute will be able to quantify the level of sickness absence and, if appropriate, take steps to reduce it. The overall objectives that the policy aims to achieve are:

- the promotion of employees' health, safety and welfare;
- the saving of resource;
- the identification of any necessary changes in working practices or environment;
- compliance with the Disability Discrimination Act.

Absence of staff due to sickness has a direct impact upon the Institute. This includes possible replacement costs, disruption to work, an increased workload for colleagues, which in turn can lead to tension, stress, anxiety and low morale.

### 2. Responsibilities

All managers have a primary responsibility for managing the attendance of their staff. Heads of Schools/Units/Departments are responsible for monitoring the absence levels of members of staff within their departments and reporting monthly to Human Resources. The delivery of this duty may be undertaken by a designated individual with direct responsibility for the reporting of all sickness absence – See Annex A for detailed responsibilities. Human Resources will maintain records showing the levels of sickness absence of all members of staff, analyzed by school/unit/department. These records will include data such as 'lost time rates', which may be compared with data both across the Institute and with outside bodies. Such data will be used to identify particular instances where action is required.

### **3. Record Keeping**

Clear, comprehensive and accurate records must be maintained by School Managers/Unit/Department Heads for all absences, including starting and finishing dates. All schools/units/departments are required to submit monthly returns to Human Resources, including nil returns, detailing this information and school managers/unit/department heads are advised to retain copies for their own records. One report only is required for each school/unit or department. The reporting formats are at Annex B.

### **4. Standards**

During induction all new staff should be made aware of the Institute's procedure for reporting absences, any local requirements and their responsibility to comply with both.

### **5. Communication**

From the outset of any episode of sickness absence, managers should ensure that the individual establishes regular contact with the school/unit/department in accordance with reporting requirements. The onus must be placed on the employee to maintain contact; failure to do so should be addressed immediately and, if necessary, discussed with Human Resources.

### **6. Consistency and Fairness**

Proactive management of poor attendance will only be sustainable if it is underpinned by the application of consistent standards within the Institute, and across all members of staff. If in any doubt over this, advice should be sought from Human Resources.

### **7. Application of Policy**

All provisions of the policy will apply to all categories of staff. Whilst it is accepted that the working patterns of academic staff allow a large degree of flexibility, the provisions of the policy must apply to all categories of staff to ensure a consistent and equitable approach. All sickness must be reported. Any instance of working from home to alleviate the need to travel must be approved by the relevant Head of School/Unit/Department.

## **8. Identifying Potential Problems**

In order to assist managers identify potential problems, the following criteria should be used to trigger investigative procedures:

- seven episodes of sickness absence in a rolling 12 month period
- four episodes of 3 days or more in a rolling 12 month period
- three months or more total absence in a rolling 12 month period.
- 

These triggers are designed to identify both long and short-term sickness absence patterns that suggest potential difficulties. Managers will be sent a copy of the sickness records of their staff whose attendance record activates one or more of these triggers. It is likely that in most cases managers will already be aware of potential difficulties and have started to deal with them. Managers may also choose to address a problem before the triggers are activated where there are reasonable grounds for concern. Each case must then be investigated further and assessed according to the particular circumstances. Human Resources should normally be consulted before action is taken.

## **9. Return to Work Interviews**

Managers are advised to carry out an interview with an employee returning to work after each spell of sickness absence. The interview should be carried out sympathetically, in private, by a manager or a supervisor and should be aimed at confirming the cause of the absence and indicating the Institute's interest in the welfare of the employee. Guidance on the conduct of such interviews is attached at Annex C.

## **10. Recording of Sickness Absence**

A pre-requisite of effective sickness absence management is accurate, accessible and well presented information. Sickness absence of a half-day or more must be recorded and reported.

### **10.1 Reporting Procedure**

Members of staff should keep their relevant manager informed of the circumstances of their absence and provide such certification as is necessary. All such information will be treated in the strictest confidence.

- Staff should, wherever possible, personally telephone their manager by 10.00 am on the morning of the first day of absence, and inform them of the nature and likelihood of the continuing absence.
- For absences of up to 3 days, no certificate is required

- Should the absence extend beyond three days, the individual must inform their designated manager of the nature and likelihood of the continuing absence.
- Absences of four to seven calendar days should be self-certified using the form at Annex E, available from your School/Unit Manager/Head of Department or from the Human Resources web page. It must be completed immediately on return to work and passed to the relevant manager, who will forward it to the relevant school/unit/departmental contact to be included in the monthly return to Human Resources. The Institute reserves the right to require a medical certificate (doctors/hospital) to be completed for all absences where concern has been previously expressed about the level of recent absences.
- Absences in excess of seven days or more should be covered by a signed doctor's certificate – form DHSS- Med 3. This must be sent to the relevant manager who will forward it to the relevant school/unit/departmental contact to be included in the monthly return to Human Resources. If the stated reason for the absence could result in personal embarrassment, the doctor's certificate may exceptionally be sent directly to Human Resources, provided that the school/unit/department is advised of the duration of any further absence.

Members of staff are responsible for staying in touch with their manager regularly during longer absences. However, the individual's manager will contact her/him if any changes occur whilst she/he is absent that affects her/his employment.

## **10.2 Recording Procedure**

The head of school/unit/department or a designated representative will be responsible for maintaining a record of sickness absence.

Each school/unit/department will also produce a monthly report on sickness absence that will be forwarded to Human Resources using the form at Annex B1, including nil returns. If any action is required to investigate persistent absence, as per paragraph 8, the report form at Annex B2 should be completed. Nil returns of form B2 are not required.

## **10.3 Confidentiality**

It should be emphasised that employees have the right to confidentiality regarding illness. Such records constitute sensitive personal information under the Data Protection Act 1998 and considerable care must, therefore, be given to the security of records.

Those responsible for maintaining sickness records must ensure that absence records are held in a secure place and made available only to authorised staff.

#### **10.4 Sick Pay – Statutory (SSP) and Occupational (OSP)**

Where necessary all absences will be reported to Payroll by Human Resources for inclusion in the next pay run. It is imperative, therefore, that the monthly sickness returns are completed on time in order to allow this data to be consolidated and forwarded to Payroll by the 10<sup>th</sup> of the month. Human Resources will calculate and monitor OSP and inform the employee when their entitlement is due to run out. All queries regarding the rate and duration of sick pay should be addressed to Human Resources.

#### **10.5 Holidays and Sickness**

A member of staff who falls sick during the course of a holiday is regarded as being absent on sick leave from the date specified on the self-certificate or on a doctor's medical certificate, and is entitled to take the balance of the holiday at a later date.

### **11. Monitoring of Short Term Sickness Absence**

Monitoring absence in a systematic manner facilitates an early identification of an employee's health problems and instances of working practices or environments, which may contribute to sickness absence.

#### **11.1 Monitoring Procedure**

The manager will regularly review the sickness records of employees, exercising his or her discretion in determining what action is appropriate in each case. The indicators at paragraph 8 above may be used to prompt a review and decision in each case.

An appropriate course of action can be discussed with Human Resources if required. Possible action will include:

- no action;
- keep the case under review;
- action to make work safe/healthy i.e. undertaking a workstation assessment or redesign of job;
- referral of employee to the Occupational Health Service (OHS);
- offering the services of a Counselling Service or other appropriate agency;
- counselling of employee regarding levels of absence; or

- issuing of a warning, after appropriate counselling, in accordance with the Institute's procedures.

If departments are concerned about any case that does not meet the criteria, the matter should be discussed with Human Resources.

## **11.2. Approaches to sickness absence**

High levels of sickness absence, as specified above, can be categorized in one of the following ways:

- a one-off absence (e.g. minor operation);
- a series of absences due to one diagnosed cause;
- serious long-term illness; or
- absences due to minor unrelated illnesses.

Each of these requires a different approach. In the first case, for example, a period of recuperation, and possibly therapy, following the operation will usually be sufficient to enable a complete return to work. The Institute may require confirmation that the problem will not recur by referring an employee to its Medical Advisor or OHS prior to a return to work.

Absences falling into the second category may require an exploration of the possibility of redeployment of an employee into another job or job re-design as described in 12.3 below.

Absences falling into the third category, which do not lend themselves to adaptation of job duties or redeployment, may lead to ill-health early retirement or termination of employment and will be dealt with in accordance with 12.4 below.

## **11.3 Managing Persistent Absence**

A series of absences due to minor and unrelated illnesses will normally be discussed with an employee, at which time referral to the Institute's Medical Advisor/OHS may be considered. In serious cases, where there is no improvement as a result of such counselling, this may lead to the issuing of a formal warning under the appropriate Institute's procedures. It should be stressed that the aim of any counselling or warning associated with absence would not be to cast doubt on the legitimacy of absences. See Annex E for detailed guidelines for managing and dealing with persistent absence.

## **12. Long Term Sickness Absence and Referrals for Medical Opinions**

### **12.1 Definition**

It is recommended, after one month's absence, that a school/unit/department should contact Human Resources in order to discuss an approach to the case. However, where there is a suggestion that the absence is in any sense work related, the school/unit/department should contact Human Resources immediately.

Managers should stay in touch with a member of staff throughout a period of absence. This is especially important when the leave is extended.

### **12.2 Approach**

If the absence extends beyond three months, depending on the known circumstances, the Institute will aim to make formal contact with the employee with the intention of referring him/her to the Institute's Medical Advisor or OHS. This referral is in turn intended to provide the following information:

- a prognosis of the employee's illness in terms of when s/he is likely to be fit to return to work;
- whether adaptation of the job, working hours or environment might facilitate an early return to work; and
- an early indication of whether a return to any form of work is unlikely.

The Access to Medical Reports Act 1988 requires an employee's consent to be given prior to a medical report being made available to the Institute and this consent will be sought prior to referral. Should an employee refuse to give consent, any decision that the Institute might have to take will then be taken on only those facts that are already available.

The action that follows a referral will depend on the nature of the report and will be decided after discussion with Human Resources and, where appropriate, the relevant Trades Union representatives.

### **12.3 Redeployment and Accommodation of Disability**

As a matter of policy and in accordance with the provisions of the Disability Discrimination Act, the Institute will endeavour to accommodate an employee in her/his current post if she/he is suffering from ill health or has a disability.

Accommodation may involve re-designing the individual's job, adapting the working environment or changing the hours of work. If accommodation proves impossible, every reasonable attempt will be made to redeploy the employee into a position for which she/he is capable. In pursuing its policy of attempting to accommodate or redeploy staff the Institute will make full use of the advice and assistance of the Institute's Medical Advisor/OHS and external agencies such as the Disability Employment or Access to Work Advisers from the Department of Work and Pensions. Employees will also be fully consulted regarding such options.

#### **12.4 Ill Health Early Retirement/Termination of Employment**

Where a member of staff is unable to return to her/his job and accommodation and redeployment are not viable options, ill health early retirement or termination of the individual's employment will be the only alternatives. No decision on these alternatives will be taken without first reviewing the medical evidence and consulting personally with the employee and, where appropriate, the relevant Trades Union representative.

Where an employee is a member of either pension scheme and is permanently incapable of performing her/his normal duties, the Institute will refer a case for ill health early retirement with associated pension benefits to the trustees of the appropriate pension scheme. Whilst the decision is pending, the employee will normally remain in the Institute's employment. For employees who are ineligible for an ill health pension, the sole option in the absence of redeployment or accommodation possibilities will be termination of employment.

### **13. Complaints procedure**

Should any member of staff have concerns about the way in which the sickness absence policy and procedures have been implemented in her/his case, these may be raised with the Human Resources contact for their School/Unit/Department in the first instance. The Institute grievance procedures may be followed where individuals are dissatisfied with the way that their concerns have been handled.

### **14. Review of Policy and Procedure**

The policy and procedure will be periodically reviewed by the Head of Human Resources.



**Annexes:**

- A. School/unit/department representative responsibilities
- B. Monthly Absence Report
- C. Guidance on return to work interviews
- D. Guidance on time off for medical appointments
- E. Self Certificate
- F. Managing Persistent Absence

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## **Annex A – Responsibilities of School/Unit/Department Representative**

Heads of School/Unit/Departments have responsibility for implementing the sickness/absence monitoring procedures as follows. Where particular aspects are delegated to other staff, such duties must be clearly assigned, including the identification of an appropriate contact person.

Detailed responsibilities of the Head of School/Unit/Department, that can be delegated to line managers include:

- Ensuring that contact is maintained with the absent member of staff in a sensitive manner, with respect for the employee's right to privacy. The method of contact should be agreed with the employee and their manager.
- Ensuring that managers within the department are fully aware of their responsibilities in reporting and managing absence, and comply with the requirement to conduct return to work interviews. (See Annex C for further advice).
- Working with Human Resources to identify any potential issues and help manage to a solution.

Responsibilities that can be delegated to administrative staff include:

- Recording absence on the appropriate form (see Annex B) for all staff and ensuring that the information is reported to Human Resources by the end of the first week in the month.
- Ensuring returnees complete or provide the appropriate certification and forward certificates to Human Resources.

Further advice and guidance can be obtained from Human Resources.

## **Annex B - Monthly Absence Report Format**

### **Form B1 - Sickness Absence Monthly Return**

This form is to be completed by the Head of School/Unit/Department or their designated representative and returned to Human Resources by the end of the first week of the month following the month to be reported on.

All absences are to be recorded.

Nil returns are required.

### **Form B2 - Sickness Absence Action Report**

This form is to be completed when any persistent absence is identified under the guidelines in paragraph 8. Any action taken to investigate the absence record, and subsequent follow up action should be reported.

Nil returns are not required.

## Annex C - Guidance on Return to Work Interviews

The return to work interview is crucial to managing absence and is likely to be the most effective single technique for identifying contributory factors and reducing absence. It enables managers, in discussion with employees, to find out and, where possible, address the cause of absence, and communicate to employees the importance of attendance.

The return to work interview is about supporting people and helping to resolve problems. It is **not** part of the disciplinary process, and should not be treated as such. It is advised that discussions should be held with **every person each time** that they are absent, by the designated manager. The majority of discussions will be very quick and straightforward, being essentially an acknowledgement of the person's illness and a welcome back to work.

Should a member of staff express a wish for personal reasons for the discussion to be held with a member of staff of their own sex, every effort should be made to accommodate this. In cases of difficulty, contact the relevant Human Resources contact.

A member of staff may be accompanied at discussions by a Trade Union representative/ colleague in a supporting role if they so wish.

The main aims of the discussion are:

- To welcome back the employee on their return, and make them feel valued.
- To check that they feel fit enough to return.
- To identify the reason for absence.
- To address any issues that may be causing or contributing to absences.
- To update the employee on activities during their absence and agree work priorities.

The discussion should be conducted in private (if possible), in an atmosphere of trust and support, with sufficient time allowed to explore the issues. It is essential that confidentiality be respected. Prior to discussion the manager should have looked at the employee's attendance record and ensured that they have taken account of any relevant background information.

In appropriate cases it is important that the employee is made aware of the impact that their absence has had on their area of work and the Institute. The manager should ensure that agreement is reached as to what action the employee is to take to reduce the chances of absence recurring and underline that it is the employee who has responsibility for taking that action.

It is important to be aware that employees persistently absent over a particular period may be experiencing non-medical problems either at or outside work, or ongoing health problems. Appropriate action should be taken in such cases, for example, problems at work should be investigated; referrals to OHS/Counselling service etc. should be considered.

Finally, the manager should express confidence in the returning absentee and discuss the priorities for catching up with their work.

## **Annex D - Guidance on Time Off for Medical Appointments**

It is expected that employees will try to organise dental and medical appointments at the beginning or end of the working day. If this is not possible and longer than half a day's absence is required then employees will be expected to contribute annual leave (where appropriate) or to make the time up. This is not recorded as sick leave and therefore has no effect on sickness entitlement.

The same principle will apply for hospital appointments unless there is a requirement to spend all day at hospital for tests/clinic appointments. In those circumstances employees will not be expected to contribute annual leave (where appropriate) or to make the time up but will be expected to produce appointment cards if requested by the line manager. Again, this is not recorded as sick leave and therefore has no effect on sickness entitlement.

Further guidance on individual cases can be obtained from Human Resources.

**Annex E**

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**Self-Certificate Form**

To be completed where sickness absence is between four to seven calendar days. Absence in excess of seven calendar days requires a medical certificate from your doctor.

Name \_\_\_\_\_

Job title \_\_\_\_\_

School/Department/Unit \_\_\_\_\_

What date did your sickness start? \_\_\_\_\_

What date did your sickness end? \_\_\_\_\_

Reason for absence (please provide brief details of your sickness)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed (employee) \_\_\_\_\_ Date \_\_\_\_\_

Signed (manager) \_\_\_\_\_ Date \_\_\_\_\_

## **Annex F - Managing Persistent Absence**

A four-step approach for dealing with frequent short-term and persistent absences is outlined below. Human Resources can all be contacted at any stage to advise on and assist with absence-related issues. A member of staff may be accompanied by a Trade Union representative/colleague at meetings, in a supporting role, at any stage of the following procedure if they so wish. A member of the Human Resources staff will attend meetings if appropriate.

### **Step 1 – Giving Feedback**

After obtaining relevant monitoring information the designated manager should meet with the member of staff on an information-seeking basis to ascertain the cause/s for the absence/s. The monitoring information should be shared with the member of staff indicating any patterns of absences. There may be a genuine non-health reason for absences, such as care responsibilities, and managers should be familiar with the relevant Institute policies for such situations (e.g. compassionate leave; ; maternity, paternity & adoption leave; dependency leave; harassment policy etc.) and be prepared to explore these with the member of staff.

As a result of the discussion the manager may indicate that an improvement in attendance is required, that monitoring will continue and that a follow-up meeting will take place. A written summary of the outcome of the meeting should be prepared for the manager's file and a copy given to the member of staff.

### **Step 2 – Seeking More Information**

If the level or pattern of absence continues to give cause for concern Human Resources may seek assistance from the Occupational Health Service. The purpose of the referral would be to ascertain whether there is an underlying medical condition affecting the absence, and to obtain a medical opinion on the prognosis for improvement. This step **should only** be taken following discussion of the case with the relevant Human Resources contact. Any necessary OHS appointments will be made with the prior agreement of the member of staff.

OHS staff will discuss the reasons for absence with the member of staff and if appropriate request a medical report from their GP. They will take into account all the relevant information and provide a written report. The report should be discussed with the member of staff and the appropriate action agreed, including review dates, if appropriate. A written account of the outcome will be kept on the personnel file. If requested, a copy will be given to the member of staff in accordance with the requirements of the Data Protection Act 1998.

***It is important to note that a referral to the OHS is NOT a substitute for undertaking Step 1.***



### Step 3 – Failure to Improve

If there is no improvement the designated manager should consult their school/unit/ department head and Human Resources contact after which a formal meeting should be held with the member of staff.

- 1) If a genuine health problem has been indicated, it may be necessary to look at the job and job content, to ascertain whether changes can be made to the job, method of working, hours of work etc. in order to facilitate an acceptable level of attendance and performance. The requirements of the Disability Discrimination Act need also to be considered. In certain cases it may be appropriate to consider redeployment options.
- 2) If a genuine health problem does not exist recourse to disciplinary procedures should be considered with the objective of securing an improvement in attendance. The discipline procedure will be implemented in accordance with the Institute's Discipline Procedures, as follows:
  - a) As the absence management process has already covered a discussion and record of a required improvement in attendance, a **WRITTEN WARNING** will be given to the employee by the Head of Department, Unit or Section. This will give details of the complaint, the improvement required and the timescale. It will warn that action under Step 4 will be considered if there is no satisfactory improvement and will advise of the right of appeal.
  - b) If there is still a failure to improve attendance, or if the circumstances are sufficiently serious to warrant only one written warning but insufficiently serious to justify dismissal (in effect both first and final written warning), a **FINAL WRITTEN WARNING** will normally be given to the employee. This will give details of the complaint, will warn that dismissal will result if there is no satisfactory improvement and will advise of the right of appeal.

The right of appeal may be exercised at any stage of the disciplinary procedure. The appeal may be against the decision taken or may be invoked in the event of an alleged breach of procedure. The arrangements for the appeal will be discussed with the employee and their representative. Further details can be obtained from Human Resources.

- 3) The assistance of the Institute's Counselling Service can be offered where appropriate.

## **Step 4 – Final Options**

If there is still no improvement managers need to seek further advice from Human Resources, and consider appropriate options. Each case needs to be considered in the light of all the information available, as there may still be genuine reasons for absence. There are four routes that can be considered at this point:

- 1) Review the arrangements set out in step 3.
- 2) Termination of employment on grounds of incapacity due to ill health/inability to perform the duties of the post.
- 3) Medical retirement on the grounds of a permanent incapacity through the relevant pension scheme.
- 4) If attendance is still unsatisfactory and unexplained, dismissal will normally result in accordance with the Institute's disciplinary procedures. The employee will be provided, as soon as reasonably practicable, with written reasons for dismissal, the date on which employment will terminate and the right of appeal.

**ANNEX G**  
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**SICKNESS ABSENCE MONTHLY RETURN**

School/Department/Unit \_\_\_\_\_ Month/Year \_\_\_\_\_

Initials	Surname	Start Date of Absence	Number of Working Days Absent	Reason for absence (e.g. Cold, Flu, Gastric, Respiratory)	Self-Certified (S) or Certified (C)	Estimated date of return	Actual date of return

- **This form should be sent to Human Resources by the end of the first week of the month, following the month to be reported on.**
- This form should include details of **all absences** including those where a Doctor's certificate or self-certificate has already been submitted to Human Resources.
- Nil Returns ARE required.

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### SICKNESS ABSENCE ACTION REPORT

School/Department/Unit \_\_\_\_\_ Month/Year \_\_\_\_\_

Date Notified	Issue Description (who, short term/long term, contact etc)	Current Situation	Action Taken	Recommendation

**Comment**

Signed \_\_\_\_\_ School/Unit/Department Representative \_\_\_\_\_