



**Pembrokeshire County Council**  
**Cyngor Sir Penfro**

**SICKNESS ABSENCE POLICY FOR SCHOOL  
BASED STAFF**

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## Policy Statement

It is the policy of the school to ensure and encourage the regular attendance at work of all its employees and to institute fair, effective and consistent arrangements for dealing with absence. The school wishes to identify the causes of absence in order to assist its employees and shall endeavour to create a healthy and supportive working environment conducive to high levels of attendance.

This will be enabled by:

- ensuring that all employees understand and follow sickness reporting rules
- conducting return to work discussions with employees
- considering 'reasonable adjustments' for employees with long term health conditions
- monitoring absence levels and taking action at the specific trigger points
- discussing work and family life balance

### 1. PRINCIPLES

- 1.1 The policy does not confer a contractual right on the employee and any benefits under it are entirely at management discretion.
- 1.2 Employees are eligible to Occupational Sick Pay under their national terms and conditions of employment subject to the conditions outlined in this Policy.
- 1.3 "Sickness" is defined as "incapacity to carry out the duties and responsibilities which the employee is contractually obliged to do because of his or her own illness or accident." The policy therefore applies to absence caused by personal illness or accident, not to the need to take time off work because of the illness or accident of others, e.g. dependent care needs.

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- 1.4 Medical information is data sensitive, confidentiality will be upheld by all involved in the management and dissemination of medical information, to ensure the Authority is fully compliant with the **Data Protection Act 1998**, the **Access to Medical Reports Act 1988** and relevant General Medical Council and Faculty of Occupational Health Medicine practice guidance; to that end:-
- disclosure to a third party from sickness or injury records about an identifiable employee’s illness, medical condition or injury will be disclosed where there is a legal obligation to do so, where it is necessary for legal proceedings or where the employee has given explicit consent to the disclosure for the proper undertaking of the Absence Procedure and/or line management risk assessments or judgements on reasonable adjustments in the workplace.
  - the correct storage of such records is via the electronic data management system for personnel records and occupational health. **Line managers will NOT store data sensitive medical information** locally
  - line managers - on receipt of electronic health reports - will NOT print out such information; this is to ensure that the release of medical information is effectively controlled
  - safeguards need to be put in place when arranging the forwarding of electronic mail in times of absence; such correspondence at all times will have “private and confidential – addressee only” in the subject line.<sup>1</sup>
- 1.5 The school reserves the right to send individuals home if it is considered that they are too ill to be at work.
- 1.6 Responsibility for absence management lies with each school. The HR Department will provide appropriate and timely advice, support and assistance.
- 1.7 The same procedure is to be followed in the case of a Head Teacher being absent from work. In such circumstances, the absence process will be the responsibility of the Chair of Governors with support and advice from the Local Authority.

## 2 RESPONSIBILITIES

### 2.1 Governing Bodies

- Establishing an attendance culture where absence is recognised as an important factor affecting the performance of the school.
- Ensure it follows this procedure for managing Short Term and Long Term Absence.
- Communicating policies and procedures to all employees.

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<sup>1</sup> All medical records, including information obtained during Occupational Health consultations, health surveillance test results, medical reports and the reasons given for attendance at the occupational health unit will be regarded as confidential medical information. The definition includes information that is ‘personal in confidence’ or ‘management in confidence’ that forms part of the clinical record (e.g. the diagnosis given on a GP Fit note or correspondence from managers). The definition includes, but is not restricted to ‘sensitive personal data’ as defined in the Data Protection Act 1998.

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- To ensure that confidential medical information processed within their service area is NOT stored locally and is protected against improper disclosure at all times, and that it is only released to individuals who are entitled to receive it, for example, when handling information in relation to appeals, investigations, etc.
- Ensure that adequate monitoring systems are in place to evaluate the effectiveness of local arrangements to minimise the risks related to a breach of this medical confidentiality.
- Consider how absence from the classroom might impact on the formulation and implementation of the SDP.
- Ensure that at full governing body meetings, the Head Teacher’s report to governors includes an item on staff attendance so that implications for the wellbeing and work life balance of staff, for learners and expenditure on cover can be fully considered.

**2.2 HR Division & Occupational Health**

- Review and updating of the policy.
- Producing guidance for managers to carry out good practice and meet their responsibilities.
- Training.

**2.3 Head Teachers/Line Managers**

- To apply the policy, ensuring that they manage their employees’ attendance sensitively by taking into account work related issues and in accordance with the procedure for Short Term and Long Term Absence.
- Abide by the principle of medical confidentiality (Ref. 1.4).
- Will provide a standardised briefing on staff attendance and wellbeing (including the associated financial cost) to the governing body as part of the Head Teacher’s report to governors

**2.4 Employees**

- Ensuring they adhere to their responsibilities on absence notification, contact, attendance at Absence Reviews and Occupational Health appointments.
- To have responsibility toward their work colleagues and not attend work if clearly unfit to do so.
- Employees who are tasked with processing medical information will ensure that confidential medical information is effectively stored via the HR Department and protected against improper disclosure at all times and that it is only released to individuals who are entitled to receive it.

**2.5 Minimum Standards**

All Head Teachers will ensure the following takes place:

- Sickness absence information collected and reported as required (to include termly report to governors with analysis of absence data NB All data should be anonymised);
- Return to work discussions held with individual employees and their manager
- Discussions as to whether any ‘reasonable adjustments’ for disabled employees could be put in place

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- All employees are made aware of the sickness reporting arrangements
- Referrals are made to Occupational Health appropriately as determined by the long-term absence and short-term absence procedure
- All employee's abide by the principle of medical confidentiality (Ref. 1.4)
- The Absence Policy is applied consistently throughout the school
- A holistic approach is taken to managing attendance, recognising that some absences are attributable to domestic or other personal reasons and ensure that employees are aware of other supporting policies such as compassionate leave and/or possible flexible working arrangements to avoid the misreporting of sickness absence

### 3 ABSENCE REPORTING PROCEDURE

#### 3.1 Notification

Should an employee be too ill to come to work [unless alternative notification procedures have been locally communicated] they should telephone their line manager as soon as possible on the first day of absence. This should be prior to when they were due to start work. **Messages passed on through work colleagues are not accepted, neither are texts;** employees unable to speak to their line manager in the first instance, must arrange to leave a message with a nominated person, as to when their line manager can contact them.

It is recognised that there may be some exceptional circumstances in which it is not possible for an employee to comply and this will be established when contact is possible as per the procedure.

***[For operational reasons, some local / service-specific rules and procedures may apply with regard to notification; employees need to ensure that they appraise themselves of local requirements.]***

An employee should explain:

- Why they are unable to come to work
- How long they think the sickness absence might last
- What action they are taking to mitigate the effects of the illness, e.g. visiting the doctor
- Where they can be contacted during the day should the school wish to contact you

If the incapacity lasts for more than one day, unless they have submitted a doctor's certificate or otherwise agreed with their line manager, they should telephone every other day to keep the workplace abreast of progress.

It is recognised that there may be some exceptional circumstances in which it is not possible for an employee to comply and this will be established when contact is possible as per the procedure.

- 3.2 Employee's who are taken ill at work should be sent or taken home and this day will not count against their sickness entitlement. For purpose of absence monitoring time will be calculated

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up to the nearest half day.

3.3 If an employee considers the illness arises from an accident at work they must notify their line manager, so that their manager can complete the accident reporting form (available on the Authority’s intranet).

**3.4 Self Certification**

All periods of sickness absence lasting 7 calendar days or less must be covered by a self-certification form.

Please note: the seven days includes those days on which an employee does not normally work, e.g. weekends and public holidays.

The self-certification form is combined with the return to work discussion form and can be found as Appendix 3 of this procedure.

**3.5 Statement of Fitness to Work**

If an employee is absent for more than seven days then a ‘Statement of Fitness to Work’ from the GP must be submitted. This should explain the nature of the illness and confirm that they are unfit for work. The Statement should be submitted promptly to their line manager as it will be required to authorise sick pay under the terms of the Statutory Sick Pay & Occupational Sick Pay schemes; by submitting a Statement, employee’s are consenting to the manager passing this information to the Payroll team for processing.

If the GP provides a certificate stating that an employee “may be fit to work” they should inform their line manager immediately. He or she shall then discuss with the employee whether there are any additional measures that may be needed to facilitate a return to work, taking into account the doctor’s advice.

If it is not possible for a line manager to provide the required support to allow the employee’s early return to work the ‘fit note’ should be interpreted as if the doctor had advised that the employee is ‘not fit for work’. In these cases, the employee will not need to return to their GP for a replacement statement until the current note has expired.

**4. CONDITIONS**

**4.1 Sickness and Annual Leave (where applicable)**

4.1.1. When a long term absence spans two leave years, any remaining statutory leave accrued during the first leave year will be carried over unless the employee wishes to take annual leave.<sup>2</sup>.

4.1.2. Employees who wish to take annual leave while they are sick or who have pre-booked holidays shall seek the agreement of their line manager before embarking on the

<sup>2</sup> The status of this right is under WTD EU case law – it therefore refers to “4 weeks” carry-over; until UK Government amends UK WTR the Authority will abide by EU authority on this matter and carry over a pro-rata 4 week entitlement.

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holiday. Failure to comply with this procedure may lead to disciplinary action being taken and / or occupational sick pay being withdrawn

4.1.3. Should you be taken ill whilst on annual leave/during periods of school closure then you will still be required to follow the absence reporting procedure.

**4.2 Sickness Related to Third Party Accidents**

Staff employed under NJC conditions - Where an employee is absent as a result of an accident, damages may be recoverable from a third party claim for loss of earnings e.g. for sports injuries, car accidents or from a private medical policy, for any period of absence from work. The school will pay sickness payments in accordance with the terms of the Occupational Sick Pay Schemes, subject to the employee undertaking to refund to the school the total amount paid, or the proportion represented in the damages received, should the claim be successful. 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 sick pay entitlement.

For those employed under the terms of the Burgundy Book, the provisions set out in Paragraph 11 of said document shall apply.

**4.3 Exclusions to payment of occupational sick pay**

- failure to follow the notification rules & procedures without good reason.
- failure to attend Occupational Health Appointments as reasonably requested to do so by a line manager without providing a satisfactory reason.
- providing an unsatisfactory reason for being absent from work
- undertaking paid or unpaid employment elsewhere without a line manager’s approval whilst on sick leave
- engaging in activities which are inconsistent with the nature of the alleged illness
- falsification of self certificates or medical certificates
- Injury through participation in professional sport<sup>3</sup>
- Illness caused through drug or alcohol abuse<sup>4</sup>
- elective surgery [individual cases may be supported when covered by medical evidence]
- where it is determined that Ref.1.3 the absence was not attributable to the employee’s own incapacity
- employee negligence prejudicial to recovery
- injury whilst working in the employee’s own time on their own account for private gain or for another employer

4.4 Prior to any automatic cessation of occupational sick pay a reasonable investigation into the circumstance will be undertaken.

4.5 Any abuse of the sickness scheme should be dealt with under the disciplinary procedure.

<sup>3</sup> With the understanding that Professional Sports Club would have Income Protection Insurance.

<sup>4</sup> Refer to Alcohol & Drug Policy for guidance on problematic drinking and drug abuse

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**5 RETURN TO WORK DISCUSSION**

- 5.1 Employees will be required to have a RTW discussion with their immediate line manager after **every** episode of absence. The discussion will be recorded in accordance with [the Return to Work Discussion Form](#) [Appendix 3].
- 5.2 The aim of the RTW discussion is to establish the reason for absence, ensure completion of a self-certificate [ref. 3.2], update the employee, enquire about the welfare of the employee, address any work related causes etc. The return to work discussion also provides an opportunity to establish whether there is some underlying problem or any non sickness related reason for the absence and to remind the employee of the short term absence trigger points.
- 5.3 If a doctor has provided a certificate stating that the employee “may be fit to work ... subject to“, then the line manager will discuss this advice at the return to work discussion.
- 5.4 No matter how short a period of sickness, a self-certificate and/or doctor’s certificate must cover the absence period. The RTW Discussion Form must be completed and countersigned, as an accurate record of the discussion, both by the line manager and employee. [RTW Discussions held over the phone must be completed by the line manager and a copy forwarded to the employee.] These are conditions of any occupational sick pay for which the employee may be eligible.
- 5.5 Line Managers have a responsibility to keep information about employee’s medical condition(s) confidential. It is therefore policy that RTW discussion forms are stored on the electronic personnel data management system, managers should therefore scan and forward to HR to be placed on the personnel file. No ‘hard copy’ files containing medical information should be stored locally.

**6 SHORT TERM ABSENCE PROCEDURE**

- 6.1 If during the Return to Work Discussion (RTW) a line manager identifies a pattern of absence under 6.2, the absences shall be discussed with the employee. Action should subsequently take place according to the guidelines set out in this procedure.

When managing short term sickness absence managers shall:

- Conduct a return discussion with the employee after every period of absence, even if the absence was only for one day
- Keep information about employee’s medical conditions confidential as appropriate.
- Where appropriate, raise concerns informally at first at one to one supervision meetings, for example where a pattern of absence seems to be emerging.
- Treat each case on its merits, but apply the procedure consistently. It is important that you do not single out employees for formal action, whilst ignoring the absence of other employees.
- Raise concerns formally once a trigger point has been reached

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**6.2 Short Term Absences: Trigger Points**

Short-term absences are normally sporadic and are often attributable to unconnected, minor ailments, which are increasingly frequent or unacceptable. Short-term absence is as significant to service disruption as long term absence. It can be more disruptive because of the need to arrange cover coupled with the unpredictability of the absences.

For the purpose of this policy the trigger points are: -

**3 periods of absence in a 3 month period  
 an unacceptable pattern of absence e.g. Monday/Friday  
 10 working days (or 2 weeks absence) in a 12 month period**

‘10 working days’ is defined as comprising of single and/or multiple days’ absence. The 12-month period will be a rolling 12 months. Pregnancy related illnesses will not be counted towards the trigger process.

Absences related to disability or industrial injury [incl. industrial assault and industrial disease] should initially be counted for the purposes of the “triggers” for the stages below. Whether they should subsequently be counted will be determined at the sickness absence reviews, or as a result of the accident investigation and/or on receipt of medical advice.

Ordinarily, disability related absences are discounted where it is determined through the absence reviews that reasonable adjustments could have been put in place to ensure the employee’s full attendance.

**6.3 Short Term Absence Review Meetings**

There are 5 Stages to the Short Term Absence Review Procedure

- 6.3.1 Stage 1 is an informal review meeting;
- 6.3.2 Stage 2 & 3 are Formal Reviews;
- 6.3.3 Stage 4 is a Final Absence Review;
- 6.3.4 Stage 5 is referral to Staff Disciplinary & Dismissal Committee

Absence Reviews should take place at intervals of between two and three months. The employee will be given a minimum of 7 calendar days notice, in writing, of the review meeting; told the purpose of it and invited to attend together if desired with his or her accredited trade union representative or a work colleague.

6.4 If review meetings are not held promptly there is the possibility of further absences occurring which would have triggered later stages of the Policy. It is not appropriate to miss out stages in the procedure and move to a further level. Employees must have been interviewed in accordance with this procedure, allowed a period of time for improvement where appropriate, etc. before moving on to the next stage of the Policy.

6.5 There is flexibility to refer employees for medical opinion at any stage of this process if as an outcome of discussions it is suspected an underlying medical problem identified.

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6.6 The objectives during Absence Reviews are to:-

- point out the absence frequency
- verify the accuracy of the absence record
- discuss reasons for absence [ incl. any Health & Safety issues/causes and any potential disability (see Appendix 1)]
- suggest any necessary referrals
- invite employees to put forward their own suggestions as to how their attendance could be improved
- agree an action plan for improving attendance, together with an agreed target
- advise of the likely consequence if failure to improve
- set a date for the next Absence Review Meeting in 2 / 3 months

Employees should be fully aware of what to expect from an Absence Review Meeting. If in doubt, clarify the procedure with them before progressing with the meeting.

6.7 **Potential Outcomes**

- Referral to Occupational Health Advisor,
- Referral to counselling services e.g. stress, drug, alcohol, in-house or external counselling (via Occupational Health Unit)
- Identification of personal problem
- Schedule of any necessary supplementary related treatment i.e. physiotherapy
- Underlying medical problem identified (refer to long term absence review procedure)
- Potential Reasonable Adjustments identified e.g. reduced hours of work, auxiliary aid [Appendix 1]
- At each stage it must be clearly stated that the ultimate consequence of failing to improve and meet the required standard of attendance will be dismissal.

If the employee has still not met the targets, after the Third Absence Review Meeting, arrange for a further Final Absence Review Meeting. The letter requesting an employee's attendance at this meeting should stress the seriousness of the situation and inform them that their employment is at risk.

6.8 **Referral to the Staff Disciplinary & Dismissal Committee**

If the required improvement is not achieved following the final absence review, the Staff Disciplinary & Dismissal Committee will meet to review the situation<sup>5</sup>. The employee will be allowed to appear to state his/her case and be represented by a work colleague or Teacher Association/ Union representative.

The Committee may decide, having regard to the information available to them, that the employee is incapable of fulfilling the contract of employment and should be dismissed with the issue of statutory notice in accordance with contractual provisions.

<sup>5</sup> In line with the requirements of the Staffing for Maintained Schools Regulations (Wales)

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**6.9 Setting Absence Target**

The corporate absence target is 4.7%, which equates to the maximum trigger point of 10 working days absence per annum per employee. The Absence Target will therefore be used as a guideline target. Please Note that each case has to be assessed on its own merits; and while the triggers are agreed to start the process, the way they are handled may vary in each case.<sup>6</sup> Head Teachers may also wish to consider the pupil absence target set by the Governing Body when determining employee absence targets to ensure consistency of approach.

**6.10 Monitoring**

If the line manager is satisfied that having met agreed targets satisfactory improvement has resulted at any stage under this procedure, the employee should be interviewed and informed accordingly. However, a caution under the absence review procedure will remain in place for a period of **twelve months** from the interview date; absences over and above the agreed target will trigger the next stage of the short term absence procedure. In such circumstances the employee will be invited to the Stage under 6.3 where the procedure was vacated.

6.11 Should the improvement be maintained for a period of **twelve months** from the Absence Review date, action under the Short Term Absence Procedure will be discontinued.

**7 LONG TERM ABSENCE PROCEDURE**

7.1 Where an employee's **absence exceeds 8 weeks or is likely to**, or at the discretion of the line manager (e.g. receipt of a 3-month medical statement prior to this time) it should be treated as long term absence in the context of this policy.

**7.2 Welfare Meeting**

It is good practice for a welfare meeting to be arranged within the first 4 weeks. This will aid the manager by introducing contact and re-affirming the procedure if absence continues. It can also be beneficial in establishing whether an earlier referral to the Occupational Health Unit is helpful.

The welfare meeting should be held at the workplace wherever possible; if due to special circumstances, a meeting is not feasible then regular contact should be maintained through other means e.g. telephone, letter, email, contact with relatives, etc.

The aim of the welfare meeting is to:-

- keep in touch with employees who are away
- establish a likely length of the absence and inform them whether a referral to Occupational Health would be appropriate [a referral to OH is mandatory for all absences of 6 weeks where there is no known return date].
- ensure that the employee is kept up to date with developments at work
- enable managers to fully understand the cause of the absence

<sup>6</sup> Part-time employees will be set the same target, but to clarify this will necessarily equate to fewer than 10 working days

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- ensure that the employee is aware of their position under the Long Term Absence Procedure

It must be recognised that not all employees are able to attend a welfare meeting at the workplace, wherever possible alternative arrangements should be made<sup>7</sup>. Line Managers may arrange to visit employees at home by prior arrangement.

### 7.3 Long Term Absence Review Meetings

The First Absence Review Meeting should take place at or around 12 weeks continued absence, which should allow sufficient time for a medical report to be obtained from the Occupational Health Unit

There are 4 Stages to the Absence Review Procedure.

- 7.3.1 First Absence Review Meeting
- 7.3.2 Second Absence Review Meeting
- 7.3.3 Final Absence Review Meeting
- 7.3.4 Referral to Staff Disciplinary & Dismissal Committee

Formal Absence Review meetings should take place at intervals of one month, but no more than three months apart, this is very much dependent on the individual circumstances of the case. The employee will be given a minimum of 7 calendar days notice, in writing, of the meeting; told the purpose of it and invited to attend together if desired with his or her accredited trade union representative or a work colleague.

It is recognised that in exceptional circumstances further Review Meetings may be necessary.

### 7.4 Action during the Absence Review Meetings

At each and every stage of the Long Term Absence Procedure there will be a number of considerations the line manager will need to discuss with the employee on the receipt of medical evidence and such further information the employee provides.

#### 7.4.1 Fully Fit to Resume Return

- If Occupational Health or the GP's Statement of Fitness for Work, advises no ongoing medical issues necessitating further absence from work; a return to work date should then be agreed and a RTW Discussion Form completed.
- Consideration of a phased return for therapeutic reasons will be given.[ref. 7.5]

#### 7.4.2 Rehabilitation

- Consideration of reasonable adjustments to the substantive post in all cases of long term ill-health e.g. part-time working [ref. Appendix 1]
- It should be clearly specified whether any rehabilitation is on a temporary or permanent basis.

<sup>7</sup> Consider use of taxi, alternate work / public locations nearer the employee's home

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- Any rehabilitation agreement should be reviewed on a regular basis.
- There may be a need to seek external help e.g. Access to Work, to provide advice and guidance.
- A phased return to full duties [ref.7.5]

7.4.3 Unfit to return at present, but likely to be able to return to substantive post

- Employee will remain on sickness absence, but the case will be closely monitored to ensure that there is a possibility of a return to work within a reasonable timescale.
- Consideration as to whether there are alternative duties that can be undertaken within the Department / Authority.

7.4.4 Unfit to return to Full Duties of the Substantive Post

- Redeployment based on medical advice from Occupational Health [ref.7.6]
- Consideration of ill-health retirement

7.4.5 Dismissal on the grounds of long term ill health

- Dismissal on Grounds of Long Term Absence, where no reasonable adjustments or suitable alternative employment is available, dismissal on the grounds of ill health [Appendix 1]
- To contemplate dismissal, the manager must have provided the employee with previous specific cautions that their employment is at risk at earlier review meetings
- The Governing Body will expect the Staff Dismissal Committee to review the situation when the employee will be allowed to appear to state his/her case and be represented by a work colleague or Teacher Association/ Union representative
- The Governing Body may decide, having regard to the information available to them, that the employee is incapable of fulfilling the contract of employment and should be dismissed with the issue of statutory notice in accordance with contractual provisions.<sup>8</sup>

7.4.6 Permanently unfit to resume work whether in the substantive, or a redeployed post.

- Ill Health Retirement [ref section 8]

7.5 **Phased re-introduction to work**

Employees who have recovered from a prolonged or debilitating illness will often find it difficult to return immediately to their full contracted duties and hours of work without further risk to their health. There is a clear benefit to the Authority in providing flexibility to enable employees to return to work earlier by allowing a phased re-introduction.

This may include restrictions on work activities and/or reduced hours. It would be best practice, before the employee's return to work, for the line manager to seek advice from Occupational Health on a suitably structured return to work programme. The line manager should then if

<sup>8</sup> In line with the Staffing of Maintained Schools Regulations (Wales).

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practicable meet with the employee concerned prior to the work start date and discuss all issues surrounding the return to work; this would include updating the employee on changes during the absence and discussing the proposed return to work programme.

Each case should be considered on its own merits, but a return to work programme over a period of 4 – 6 weeks would generally be regarded as acceptable. A phased return to work for teaching staff and term-time support staff would be at normal pay. For support staff employed full time (i.e. 52 weeks) a phased return to work could include a balance of unpaid leave or if acceptable to the employee holiday accrued to the point of return (where applicable). In certain circumstances managers will have the discretion to authorise an element of paid leave of absence this is dependent on the individual circumstances of the case. The aim would be for the employee to return to full duties at the end of this period.

Contractual benefits will be maintained during an approved phased return to work. Levels of pay would be dependent on the extent to which temporarily reduced contractual hours of work and/or unpaid leave had been agreed.

**7.6 Redeployment**

Subject to agreement with the Governing Body where a vacancy exists, prior Consideration for vacancies will apply in long term ill health cases to facilitate redeployment.

The Governing Body and Authority will take active steps over a reasonable period of time to help employees, who due to ill health, are unable to continue in their substantive post, to find suitable, and acceptable, alternative employment within the Authority.

If an alternative post is identified, for which the employee may be genuinely suitable, the employee should apply for the post; the advantage of prior consideration will then apply subject to the agreement of the recruiting governing body. If the employee is successful, the terms and conditions of the new post will apply.

If by the next absence review meeting no suitable, acceptable alternative has been identified the appropriate procedure for dismissal on the grounds of long term ill health may proceed.

Where agreement is reached on a redeployment, the new role will be discussed with Occupational Health who will confirm the suitability or otherwise of the redeployment.

**8 PERMANENT ILL HEALTH**

8.1 Should the occupational health report state that an employee is incapable of discharging efficiently the duties of his/her post by reason of permanent ill health, then at the subsequent absence review the link HR Advisor will clarify to the employee that there are two potential options open to the employee:

8.1.1 Redeployment [ref 7.6] or,

8.1.2 Termination of the contract on grounds of ill-health

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- Explain procedure for termination of employment
- Explain contractual benefits that would become payable on termination e.g. pay in lieu of notice, accrued leave entitlement.
- If the employee is a member of the pension scheme explain the benefits that may be payable under the Local Government Pension scheme/Teacher Pensions Scheme, including the difference in the level of ill health retirement pensions and decision making process.
- Seek agreement on most suitable way forward i.e. the employee given time to consider whether they wish to be put forward for permanent ill-health.
- If employee agrees to referral to Pension Fund Independent Medical Adviser, Occupational Health to be informed to action.

## 9 OCCUPATIONAL HEALTH REFERRALS

9.1 The Council has the right to require a member of staff whose sickness absence gives cause for concern to undergo a medical consultation at any stage. However, under the policy there are specific triggers at which referral is recommended: -

**Recommended OH Referral for an absence of 6 weeks duration with no known return under the Long Term Procedure and under the Short Term Absence Procedure where it is felt as a result of discussion with the employee that there may be an underlying medical problem.**

These referrals aid the Authority by assessing:-

- 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
- Reasonable Adjustments to work activities or the working environment to enable an employee to continue to work in his/her substantive post.
- Suitable alternative employment where the employee cannot return to his/her substantive post.
- Rehabilitation after a period of absence
- When referral to an Occupational Health Physician is appropriate

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

9.3 Where an employee refuses to attend a referral appointment, the matter will be considered under the Disciplinary Procedure and payment of occupational sick pay suspended Ref. 4.3. At each stage, the request to attend a referral consultation should be repeated along with a request to the employee to give reasons for any refusal.

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- 9.4 All referrals to the Occupational Health Unit shall be through the link HR Advisor.
- 9.5 An occupational health medical information/report will be sent to both the Line Manager indicated on the occupational health referral form and the relevant Human Resources Advisor. This information, whether on password protected e-mail or in hard copy report format from an Occupational Health Professional is not to be shared with any other person. Managers can discuss operational management issues with the employee’s supervisor without disclosing medical information they have become party to.
- 9.6 Managers that receive electronic or hard copy confidential medical information from any source e.g. GP fit note, **Occupational Health Report**, either themselves or their team must ensure it is forwarded to HR to be effectively stored and protected against improper disclosure at all times. There is to be NO local storage of medical information within service areas, the correct method of storage is on the electronic personnel file managed by HR.
- 9.7 Compliance with regard to the effective transmission and storage of medical records will be subject monitoring and audit compliance.

10 **APPEALS**

- 10.1 Appeals against decisions other than dismissal  
Where a line manager/supervisor has decided that action is necessary under this procedure and the employee is aggrieved regarding the reasonableness of the action that has been taken, the matter shall be dealt with under the Grievance Procedure. This should be done, in writing, within 5 working days of the action being taken.
- 10.2 Appeals against the decision to dismiss  
The Right of Appeal applies in all instances where an employee has been dismissed by reason of medical capability under the Long Term Absence Procedure or by reason of attendance under the Short Term Absence Procedure. Notice of Appeal should be addressed to the Chair of the Staff Disciplinary & Dismissal Appeals Committee, in writing, setting out the grounds of appeal, within 5 working days of receipt of the letter confirming the decision to dismiss.
- 10.3 Appeals against release of Pension  
While the decision to dismiss rests with the employer; any pension decision rests with the Independent Pension Fund Doctor. An appeal against the decision to release pension on grounds of ill health (or otherwise) is dealt with through the Pension Internal Dispute Resolution Procedure.

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**Appendix 1: Reasonable Adjustments and the Equality Act 2010**

1. Under the Equality Act 2010 formerly Disability Discrimination Act 1995 (DDA 1995) a person has a disability for the purposes of this Act if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.
  
2. 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.
  
3. An employer has a duty to make reasonable adjustments if it knows or could reasonably be expected to know that an employee is disabled.
  
4. Examples of Reasonable Adjustments under the Equality Act 2010. The following are examples of steps which an employer may have to take in relation to a disabled person in order to comply with subsection (1)—
  - (a) making adjustments to premises;
  - (b) allocating some of the disabled person's duties to another person;
  - (c) transferring him to fill an existing vacancy;
  - (d) altering his working hours;
  - (e) assigning him to a different place of work;
  - (f) allowing him to be absent during working hours for rehabilitation, assessment or treatment;
  - (g) giving him, or arranging for him to be given, training;
  - (h) acquiring or modifying equipment;
  - (i) modifying instructions or reference manuals;
  - (j) modifying procedures for testing or assessment;
  - (k) providing a reader or interpreter;
  - (l) providing supervision.

Further guidance on examples of reasonable adjustments that an employer may make in relation to a disabled person are contained in paragraphs 5.18–5.20 of the <http://www.equalityhumanrights.com/advice-and-guidance/guidance-for-workers/the-employers-duty-to-make-reasonable-adjustments-to-remove-barriers-for-disabled-people/reasonable-adjustments-in-practice/>

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**Appendix 2 Supplementary advice on handling particular cases**

1. An employee will be entitled to be paid if suspended from work on medical grounds under various statutes [Green Book Part 2 Section 10.9], Conditions of Service for School Teachers in England and Wales. The Head of Public Protection to be contacted in all case of a notifiable disease under The Public Health (Control of Diseases) Act 1984 or The Public Health (infectious Diseases) Regulations 1988.
2. **Work Related Injury / Ill Health:** An investigation of every accident which results in time being lost from work will be undertaken by the manager and, where appropriate, the relevant 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 Safety Adviser and Occupational Health Adviser. In the case of teachers, Section 9 of the Conditions of Service for School Teachers in England and Wales should be met.
3. **Terminally Ill Employees:** 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 compassionate way. Consultation is a key part in determining the individual's wishes and in providing them with information on the best options available.
4. **Alcohol/Drug Misuse :** Managers should ensure that such issues are dealt with in an appropriate manner, i.e. recognising that normally drug/alcohol misuse is a health problem, which could be treated, and that employees need to be treated with sympathy and understanding. The Authority's Alcohol and Drug Misuse Policy should be followed.
5. **Mental Illness:** Where it is known that an individual suffers from mental illness, 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 illness, managers should be particularly wary of the effects of their action on the employee. In recognition of this, it is advisable that close liaison with the Occupational Health Adviser and the relevant GP is maintained throughout.
6. **Stress**
  - 6.1 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 stress risk assessment for teams and individuals.
  - 6.2 The Council has a Stress Management Policy that should be implemented. The Council is addressing the Health and Safety Executive's six stress management standards as part of its approach to managing stress.
  - 6.3 Early intervention in cases of work related stress is proven to have the highest rate of success in facilitating a return to work.
- 7 **HIV / Progressive Illnesses**
  - 7.1 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. An employee diagnosed as either HIV or AIDS is under no obligation to disclose this to the Council. The normal sickness absence reporting rules will apply. HIV or AIDS will be covered by the Equality Act 2010 if and when the condition leads to an impairment which

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has some effect on the ability to carry out normal day to day activities, even though not a substantial effect, if that impairment is likely to eventually to have a substantial adverse effect on such ability.

7.2 Progressive conditions are conditions which are likely to change and develop over time. Where an employee has a progressive condition, he/she will be covered by the Equality Act 2010 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.

**8 Cancer / Critical Illness**

A manager may be one of their employee’s most important sources of support when faced with dealing with cancer. An understanding of what cancer is, its treatment and 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 Cancer Support have developed specific advice and guidance for employers on how to handle such cases

<http://www.macmillan.org.uk/Documents/GetInvolved/Campaigns/WorkingThroughCancer/Workandcancer.pdf>

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**Welcome back**

Welcome back the member of staff and emphasise the contribution they make to the workplace	<input type="checkbox"/>
Give update on any developments / changes in department whilst they have been absent	<input type="checkbox"/>

**Establish the following facts in relation to the individual's health:**

1).Is the individual fit to undertake the full duties of their post, or if applicable, has their doctor confirmed they are fit to work, on a fit note?	Yes:	No:
2) Did the employee seek advice from their doctor regarding their sickness absence? If yes what was the advice?	Yes:	No:
3).If their doctor stated they 'may be fit for work', what adjustments / amendments to working pattern/ duties / working environment are recommended?		
4).Ask the member of staff if they require any further medical treatment? If yes, please give detail:	Yes:	No:
5).Are there any preventative measures either work related or medically that can reduce the possibility of a recurrence of the absence? If yes, please specify:	Yes:	No:
6).Are there any underlying problems relating to the absence? (e.g. personal or work): If yes, please specify and what advice given if applicable:	Yes:	No:
7).Can any assistance be given by the department, Occupational Health or another agency? If yes, please specify:	Yes:	No:
8). Any further action / support to be considered? i.e. adjustment to working pattern/ hours/ duties/ physical environment/referrals/ access to support? (Please list below):		
a)		
b)		

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c)
d)

9). Is the absence related to an accident which involved a third party? Yes:  No:   
 If yes, advise HR department for further advice on recovery of occupational sick pay costs.

**Consequences & Observations**

Remind member of staff of the importance of good attendance levels	<input type="checkbox"/>
Draw attention to previous absence record and remind them of trigger points	<input type="checkbox"/>
Point out effect their absence has on others and valuable individual contribution they make	<input type="checkbox"/>
Re-affirm Authority's procedure for managing attendance and consequences of further absence(s)	<input type="checkbox"/>
Ensure employee understands implications of further absence(s)	<input type="checkbox"/>

Further notes:

Employee signature		Date:	
Line Manager signature:		Date:	
Line Manager's Name (print)		Designation	

- Please provide member of staff with a signed copy of this form along with with any original medical certificate for their records
- Scan original form and rename the scanned document with Employee Number and the document type i.e. RTW (return to work)
- Scan any copies of Medical Certificates/ Doctors Notes/ Fit Notes and rename the scanned document with employee number and document type i.e. Doctors Certificate

**Reason for Absence code:**

Please use Column A if you have been absent from work and tick the relevant box indicating the reason for your absence. If you believe your absence is due to a work related incident/issue please use column B and tick the relevant box. Please tick only one box.

\*If you have ticked a box in Column B to say your absence was due to a work related incident please ensure this been reported to the Health & Safety team and where appropriate an Accident At Work form has been completed.

Personal accident /sickness	Work related accident / issue	Sickness Absence Reasons	Sickness Absence Reasons - Descriptions
01P	01W	Accidents /Injury /Fracture	Accidents /Injury /Fracture - e.g. Sports injury, Road Traffic

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			Accident, Head/Brain injury, Broken/fractured bone, Dislocation, Cuts, Sprain / Strains, , Electric shock, Injury to foot, leg, arm, Animal bite, Whiplash
02P	02W	Anxiety/Stress/Depression/Other psychiatric illnesses	Anxiety/Stress/Depression/Other psychiatric illnesses - e.g. Eating / Bipolar / Personality disorders, Panic attacks, Bereavement
03P	03W	Back Problems	Back ache, Disc problems, Lumbago, Sciatica, Scoliosis, Spondylosis, Other back problems
04P	04W	Burns, Scalds, Poisoning, Frostbite, Hypothermia	Burns, Scalds, Poisoning, Frostbite, Hypothermia
05P	05W	Cold, Cough, Influenza, Virus.	Cold, Cough, Influenza, Virus.
06P	06W	Dental and oral problems	Dental and oral problems - e.g. Broken/chipped tooth, tooth extraction, mouth infection, tooth ache
07P	07W	Ear, nose, throat (ENT)	Ear, nose, throat (ENT) - e.g. Allergies, Hayfever, Laryngitis, Nose bleed, Tonsillitis, Throat infection
08P	08W	Eye problems	Eye problems - e.g. Cataract, Conjunctivitis, Glaucoma, Eye injury
09P	09W	Headache / migraine	Headache / migraine
10P	10W	Heart, cardiac & circulatory problems	Heart, cardiac & circulatory problems - e.g. Angina, Thrombosis, Heart attack, Stroke, TIA, Aneurysm, Low or high blood pressure
11P	11W	Hospital Operation/Treatment	Hospital Operation/Treatment - including Transplant
12P	12W	Infectious diseases	Infectious diseases - e.g. Chickenpox, Measles, Mumps, Shingles
13P	13W	Nervous system disorders / Neurological	Nervous system disorders / Neurological - e.g. Dementia, Epilepsy, ME, Huntington's, Motor Neuron, Multiple Sclerosis, Parkinsons, Sleep disorders, Black Outs/Fainting (Exclude headache/migraine)
14P	14W	Musculoskeletal / Rheumatology issues	Musculoskeletal / Rheumatology issues - e.g. Arthritis, Carpal Tunnel syndrome, Tendon/Ligament/Muscle problems, Osteoporosis (Note: Includes neck problems except whiplash, excludes Back Problems and sprains/strains )
15P	15W	Respiratory (Chest) problems	Respiratory (Chest) problems - e.g. Asthma, Bronchitis, Pneumonia, Emphysema, Pleurisy, Chest infection - (Exclude nose & throat problems, cold, cough, flu)
16P	16W	Skin, Dermatological	Skin, Dermatological - e.g. Cellulitis, Dermatitis, Eczema, Psoriasis, Skin allergies, Hives, Skin infections
17P	17W	Stomach, Bowel, Gastrointestinal problems	Stomach, Bowel, Gastrointestinal problems - e.g. abdominal pain, gastroenteritis, vomiting, diarrhoea, IBS, hernia (Excludes dental and oral problems)
18P	18W	Benign and malignant tumours, cancers	Benign and malignant tumours, cancers - e.g. All cancers, Leukaemia, Lymphoma, Brain Tumours.
19P	n/a	Blood disorders	Blood disorders - e.g. Anaemia, sickle-cell disorders (Excludes circulatory issues)
20P	n/a	Endocrine / glandular problems	Endocrine / glandular problems - e.g. Diabetes, Thyroid disorders, Cystic Fibrosis, Pituitary gland disorders, Adrenal disorders
21P	n/a	Home/family/carer responsibilities	Home/family/carer responsibilities
22P	n/a	Pregnancy / Fertility related disorders	Pregnancy / Fertility related disorders - e.g. Gestational diabetes, Miscarriage, Morning sickness, Pre-eclampsia
23P	n/a	Renal, Urinary & Gynaecological disorders	Renal, Urinary & Gynaecological disorders - e.g. Renal failure, dialysis, bladder/kidney infection, Prostrate, STD, menopause, hysterectomy, menstrual dysfunction (Excludes pregnancy related disorders)

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24P	n/a	Substance abuse	Substance abuse - includes alcoholism & drug dependence
25P	n/a	No certificate provided to date	No certificate provided to date

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