



MANAGEMENT OF SICKNESS ABSENCE POLICY

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MANAGEMENT OF SICKNESS ABSENCE

1 Summary Statement

This policy details CAFCASS' approach to the Management of Sickness Absence within the workplace. It supersedes all existing policies previously in operation from former employing bodies.

The Policy can be summarised as follows:

1. CAFCASS should ensure, through the provision of good working practices and health facilities, that it maintains an environment conducive to a healthy workforce. CAFCASS' prime concern is the well being of our employees and the avoidance of work related ill health.
2. CAFCASS recognises that the most effective means of achieving this is through the implementation of effective preventative measures, such as risk assessment programmes, and compliance with our statutory duties under the Health & Safety at Work Act 1974.
3. When employees are ill Managers and the Occupational Health Team should provide assistance, support and guidance that is sensitive, fair and appropriate.
4. Most employees have very low levels of sickness absence and only take time off work through ill health when they are genuinely ill. We do not expect employees to work when they are unfit.
5. Occasionally employees have a long-term absence or illness. This policy is designed to provide clear guidance and support for managers and employees to ensure that these rare instances are managed well and, where possible, employees can rehabilitate quickly and return to work.
6. The policy also provides a framework for managing employees with frequent short-term absences to ensure that any problems are identified and resolved at an early stage. It is recognised that very few employees experience this pattern of attendance.

The policy sets out the:

1. General principles that should be used for the prevention and management of sickness absence,
2. Procedure and documentation for recording and reporting sickness absence both corporately and within Regions/Wales,
3. Requirements for employees to complete self-certification and/or provide medical certificates
4. Criteria for reviewing short and long term absence records
5. Procedure for managing long-term and high levels of sickness absence
6. Rehabilitation of employees following long-term sickness absence
7. Arrangements for use of the Employee Assistance Programme
8. Arrangements for managing absence relating to employees with disabilities

The Occupational Health Programme in the context of this policy refers to the provision of the following:

- **New Employee Medical Questionnaire Checks** – In order to identify any adjustments required for new employees with existing medical conditions.
- **Occupational Health Service Referral** – detailed occupational health assessments of employees provided by qualified practitioners which provides CAF/CASS with advice regarding appropriate methods for managing absences involving employee members with ill health conditions.
- **Employee Assistance Programme (EAP)** – provision of professional support / counselling services for employees who feel that they need additional support coping with situations that are affecting their well-being.
- **Specialist Support and Advisory Services** – e.g. ergonomic specialists, dermatologists etc.

The procedures and supporting documentation for using the various Occupational Health Programme Services are provided as appendices and annexes to this policy.

2 Implementation

The Management of Sickness Absence Policy should be communicated to all employees employed by CAF/CASS, plus those who subsequently join the organisation at their induction.

3 Introduction

- 3.1 Most employees experience minimal levels of absence, and only take sick leave when they are genuinely ill. We do not expect employees to work when they are unfit.
- 3.2 Inevitably, there may be a small number of employees whose health or physical condition means that they are no longer capable of carrying out their contracted duties because of their high levels of absence.
- 3.3 Employees are appointed to their jobs on the basis that they should maintain a level of attendance that should enable them to carry out their duties and responsibilities satisfactorily. High levels of sickness absence can significantly affect how teams and service areas perform. This in turn affects the level and quality of service we give to our users.
- 3.4 This policy is therefore designed to:
- Give guidance and support to all employees on the arrangements that are in place to prevent occupational ill health and the arrangements in place to manage sickness absence
 - Provide a fair and consistent method of dealing with the absence of employees due to either repeated periods of short-term sickness or long-term sickness
 - Give employees the opportunity to improve their attendance to an acceptable standard by providing support and a means for them to be formally advised of the effects of their absence and the potential consequences for their employment should this pattern or level not improve significantly
 - Ensure that every attempt is made to investigate the employee's ability to perform adequately in his/her post, involving the Occupational Health Service fully, as appropriate
 - Unauthorised absences or failure to provide appropriate certification should be dealt with in accordance with the Performance and Conduct policy.

4 General Principles

- 4.1 Managers should develop a trusting relationship with their employees that allows for open discussion and support. It should promote a feeling of mutual respect and honesty. The immediate supervisor or manager should see employees upon their return from each period of absence, to discuss the reasons for absence and to check on the state of their health and provide support and guidance.

- 4.2 Managers should maintain attendance records for all employees and carry out reviews of absence levels on a regular basis. The submission of medical certificates or statements to cover periods of absence does not prevent managers reviewing an employee's attendance record.
- 4.3 Managers may seek advice from their Regional Human Resources Advisor as appropriate and whenever an individual's attendance gives cause for concern.
- 4.4 It may be appropriate for the manager to refer the Employee to the Occupational Health Service, either as part of the process of reviewing absence records or otherwise. **Appendix 1** gives further details of the role of the Occupational Health Service in assessing employees who have had a sickness absence record giving cause for concern and guidelines on how managers should refer Employees to the service.

5 Recording and Reporting Sickness Absence

- 5.1 Every function/region/Wales should ensure that employees are clear about the reporting arrangements for sickness absence. Managers should normally expect employees to report absence by 09:30 of the first day of absence to their immediate line manager or administration team if the line manager is not available. The Manager should try to determine if the absence will last for longer than the day and should manage workloads etc., as appropriate.
- 5.2 Employees are required to keep their line manager informed of the days that they may be absent if they continue to be unable to work. Absence periods over seven days require a medical certificate, see 3.4 below.
- 5.3 On return to work an employee should complete the CAF/CASS Self-Certification Form (**see Appendix 1**), which should be countersigned by their manager. Completed forms should be sent to their Regional Human Resources Advisor, and placed on the employee's personal file kept at the Regional Office.
- 5.4 Employees should provide medical certificates for periods of illness over seven consecutive days (actual days, not working days). Employees who require a medical certificate should ensure that they have a medical certificate(s) covering the entire period of their absence. Where the employee remains off work, he/she should ensure that the medical certificate is sent to their line manager. The Employee should ensure that their line manager is in receipt of an up to date medical certificate throughout their period of absence.
- 5.5 Employees may not attend work where a current medical certificate is in place and the date for return has not yet passed.
- 5.6 Managers are responsible for completing a Monthly Absence Return to summarise the absences in their team each month. Management guidance is given at **Appendix 2** and the return form is found at **Appendix 3**.

- 5.7 Sickness absence statistics are an integral element of the Human Resources Management Information System and are regularly reviewed to identify trends, causation and prevalence rates.
- 5.8 Provided that you have completed three months' continuous service (13 weeks) with CAF/CASS, and provided you have complied with the requirements of the CAF/CASS Sickness Absence Reporting Procedures, CAF/CASS will continue to pay you at your normal rate of pay during any unavoidable absence through sickness or injury (whether continuous or intermittent) up to a maximum, in any period of 12 consecutive months, of six months full pay, then 6 months half pay. Any payment made to you under this provision will include any entitlement, which you may have to SSP. CAF/CASS sick pay will be reduced by the amount of any Social Security benefits recoverable by you (whether or not recovered) in respect of your illness or injury.

During your first three months' continuous service (13 weeks) you may be entitled to Statutory Sickness Pay ("SSP") based on the hours worked and your average earnings over the last eight weeks in line with the Statutory Sickness Pay Regulations as amended from time to time. For SSP purposes no sick pay entitlement is paid for the first three days of any sickness absence.

In exceptional circumstances the above may be varied subject to approval by the Corporate Director.

6 Returning To Work After Absence

- 6.1 Managers should informally talk to all employees returning from any sickness absence to enquire into their well-being and up date them with any work issues in their absence. This is to ensure that the absence has been acknowledged, that the employee appreciates that their contribution has been missed and that they are kept updated. A file note should be kept of this discussion.
- 6.2 It is essential that where an absence is considered to be work related, reasonable steps be taken by the line manager to investigate the situation and prevent a recurrence.

7 Criteria For Reviewing Short Term Absence Records

- 7.1 Where an employee has a level of short-term absence that is causing concern, a review of his/her attendance record and the reasons for it should be carried out with the individual. It is good employee care practice in any event to have a positive dialogue with an employee about their health, in the light of his/her sickness absences. As a general guide concern will be expressed if there are 3 episodes of absence in a rolling 12-week period (this includes one day absences). Managers should exercise discretion throughout the review process and give full consideration to the individual's particular circumstances and health problems.

- 7.2 Practical assistance and advice should be given on such issues as work environment, and managers should take all reasonably practicable steps to ensure that improvements in these factors are made where they are having an adverse effect on work performance and/or attendance. Managers should where necessary, seek the advice of the Occupational Health Service on this. Advice and support is available from Human Resources.
- 7.3 The review of an individual's absence record should include an assessment of:
- Whether the record indicates the likelihood of future absences, for example, an apparent general debility with a variety of ailments
 - Whether the record indicates a disabling health problem
 - Whether the absences could have been attributable to work related incidents or situations
 - Whether the record indicates a discernable pattern
 - Whether the record includes absence caused by other factors e.g. disability absence or medical/dental appointments. (See section 12 for further information)

8 Procedure For Reviewing Short Term Absence Records

8.1 General

Where the level of sickness absence is a cause for concern, the employee should attend a meeting with their line manager to review their sickness absence.

- a) The following should be observed throughout the review procedure.
- i) Managers should provide employees with at least 3 days notice in writing of such meetings.
 - ii) Employees may be accompanied at any stage of the procedure by a Trade Union Representative or colleague.

The manager should ensure that employees are not made to feel as if they have acted inappropriately by not attending work when they are ill. The review should be fair and open with emphasis on trust, assistance and support where required.

- b) Where there has been some improvement in attendance over a monitoring period, but the level of absence is still unsatisfactory, it may be appropriate to repeat Stages 2 or 3 of the procedure without proceeding automatically to the next stage.

- c) Where the required improvement has been achieved within the specified period, no further action need be taken. However, if attendance deteriorates again during the three months following the specified period the procedure may be reactivated going back to the stage last reached. If the required improvement has been maintained throughout this second period, again no further action need be taken.
- d) Occupational Health advice may be sought by the manager at any stage of the procedure.
- e) The options of redeployment, reasonable adjustment, or ill health retirement should be considered at the earliest opportunity available. See Appendix 1 for Management Guidelines on Occupational Health Referral.

8.2 Informal Stage

Where an employee's absence record gives cause for concern, following a return to work interview, the manager should arrange another meeting to discuss the situation with the employee, identify the problem and try to resolve any issues which are raised, where appropriate. The employee should be informed of any possible sources of support and may be referred to the Occupational Health Advisor if appropriate. An indication should be given to the employee of the stages of the procedure that should be followed and the possible consequences which could ensue if there is no improvement in his/her attendance levels. If the manager believes that the employee's absence should not give any more cause for concern, the employee should be advised that no further action will be taken. If there is no improvement in the employee's level of absence the manager may proceed to Stage 1. During this review process into short-term absence (and during the next steps of the procedure), employees have the right to be accompanied to meetings by a trade union representative or a colleague.

8.3 Stage 1

If, following the Informal Stage of the procedure, the employee's attendance does not improve; a formal interview should take place at which the Employee should be informed that his/her level of absence is not acceptable. The manager should explore the reason for the absence and should invite the employee to give his/her views as to the problem and how such issues might be resolved at the formal interview. At the end of the interview, the manager may decide to issue the employee with a verbal warning that his/her absence continues to be a source of concern, and particular effort is required to reduce his/her level of absence, and that his/her level of attendance will be monitored periodically over the next three months. Equally the manager may determine that a verbal warning is not appropriate.

8.4 Stage 2

If, following the Stage 1 of the procedure, the employee's attendance does not improve, and then a second formal interview should take place at which the employee should be informed that his/her level of absence is not acceptable. The manager should explore the reason for the absence and should invite the employee to give his/her views as to the problem and how such issues might be resolved at the interview. At the end of the interview, the manager may decide to issue the employee with a formal written warning that his/her absence continues to be a source of concern and that particular effort is required to reduce his/her level of absence. The employee should be informed that his/her level of attendance will be monitored periodically over the next three months. Equally the manager may determine that a written warning is not appropriate.

If an Occupational Health referral has not been obtained by Stage 2 of the procedure, the manager should arrange for the employee to attend an appointment with the Occupational Health Physician and should await their advice before deciding whether a formal written warning should be issued.

8.5 Stage 3

If, following Stage 2 of the procedure, the employee's attendance does not improve, a third formal interview should take place at which the employee should be informed that his/her level of absence is not acceptable. The manager should explore the reason for the absence and should invite the employee to give his/her views as to the problem and how such issues might be resolved at the interview. At the end of the interview, the manager may decide to issue the employee with a final written warning that if his/her absence continues to be a source of concern it may led to his/her termination of contract of employment, that particular effort is required to reduce his/her level of absence and that his/her level of attendance will be monitored periodically over the next three months. Equally the manager may determine that a final written warning is not appropriate.

8.6 Stage 4 Consideration of Termination of contract of employment (Dismissal)

If no significant improvement has been achieved over a further monitoring period (to a maximum of 6 months) a formal termination of contract of employment (dismissal) interview should take place.

The employee should be informed in advance in writing of the purpose of the meeting and warned that it could result in his/her termination of contract of employment.

Occupational Health advice should be obtained and considered before any decision is taken to dismiss. Advice should be sought on the provisions of the DDA if the employee's inability to attend work is attributable to a disability.

The employee should be interviewed formally by the Regional Director, and a Regional Human Resources Advisor may also be present to advise the Regional Director conducting the interview. The employee may be accompanied at termination of contract of employment interview.

After considering the facts of the case, the employee's submission, the Occupational Health Report and any implications of the DDA, the Regional Director may decide that terminating the employee's contract of employment is appropriate. The Head of Human Resources must be consulted before any decision to terminate a contract of employment is made.

An employee may be fairly dismissed for persistent short-term sickness absence. A dismissal (termination of contract of employment) in these circumstances should be for "some other substantial reason" rather than capability, the "substantial reason" being our inability to cope with the employee's overall level of sickness absence.

8.7 Appeals Procedure

Where an employee is dismissed she/he should be advised of the reasons for the termination of contract of employment in writing and that if she/he wishes to appeal against the decision she/he should do so in writing to the Director within 10 working days.

9 Procedure For Reviewing Long Term Absence Records

- 9.1 As a general rule any ongoing absence of 20 or more consecutive working days is to be regarded as long-term i.e. requiring special attention/consideration.
- 9.2 The cause of the sickness on the doctor's certificate can give an indication of the seriousness of the illness, and it may help to inform how long the individual may continue to be absent and therefore assist in sickness management.
- 9.3 Where procedures for reporting absence have been followed, the Regional Human Resources Advisor may be informed of the continuing absence. Line managers should normally regard the 4-week mark to trigger communication with their Regional Human Resources Advisor.
- 9.4 Initial contact should be made by letter which may be after a telephone call. It is recognised that it is particularly important in long term ill health cases for personal contact to be maintained in order that the employee can update the manager on his/her progress, provide an idea of a likely return to work date and to enable the manager to provide appropriate support where necessary. Subject

to the provisions below, the frequency of contact in individual cases should be determined by the relevant manager who should consider the employee's health issues at all times.

- 9.5 After 6 weeks of absence and if the employee's health permits, the line manager should arrange a meeting with the individual, which could be at a mutually convenient place. (Advice and support is available from Human Resources). A Trade Union Representative may be present at this meeting. The purpose of this meeting is for the employee to discuss how they are, what treatments they may have had and if appropriate to open up discussions on their expectations. Individual circumstances may dictate the frequency of contact.
- 9.6 If by the tenth week of absence the employee has not been referred to the occupational health provider, the manager should make a referral to Occupational Health (Advice and support is available from the Human Resources). The manager may seek advice about whether the employee has a disability from the Occupational Health Advisor.
- 9.7 Where longer-term absence has taken place due to injury or surgery, line managers have a duty of care to keep in contact with the individual and keep them up to date on developments. Managers should however approach with sensitivity and satisfy themselves that the individual welcomes the contact. Line managers should ensure that any in-house news information, employee newsletters, etc are sent to the employee as part of this contact.
- 9.8 Upon receipt of the OH report the contents should be presented to the line manager. (Advice and support is available from Human Resources). A meeting should be arranged with the individual to discuss the OH report and to allow the individual to share his/her view of the report. The manager should indicate the next steps to be followed. Where appropriate, the employee should be asked to provide an indication of a likely return to work date. At this meeting (and at all subsequent meetings) the employee is entitled to be accompanied by a Trade Union Representative or colleague.
- 9.9 Further contact should be made on a monthly basis, if appropriate, to offer support to the employee and for CAF/CASS to be kept updated on the progress of the employee's health. The manager should consider at each meeting whether it is appropriate to make a further referral to the Occupational Health Advisor.
- 9.10 The amount of absence from work may reach a point where the employee's job can no longer be held open. In such circumstances, the manager should consider whether there is suitable alternative employment available for the individual, a note should be taken of any recommendation made by the Occupational Health Advisor. Where there is suitable alternative employment, this should be discussed at a meeting with the employee. If there are no suitable alternative vacancies available, the manager should arrange a meeting with the employee (and should allow the individual to be accompanied by a trade union representative or

colleague) at which the employee should be advised that as a return to work in the same or to alternative duties is unlikely, CAF/CASS may have no option but to consider termination of the employee's contract of employment. The employee should be entitled to make any representations regarding the decision to terminate his/her employment.

- 9.11 Given the nature of long-term sickness, the many varied forms it may take and differing circumstances surrounding each case, flexibility may be required in implementing the procedure.

10 Providing Medical Information

- 10.1 In order to ensure that CAF/CASS has all the relevant information available, (including professional advice from its Occupational Health Service), to assist employees with medical problems, it is essential that employees attend appointments if required. Failure to comply, without reasonable explanation, should be considered a refusal to carry out a reasonable request.
- 10.2 It is prohibited under the Access to Medical Reports Act 1988 for CAF/CASS to obtain medical information about employees without their consent. Where medical information is required employees should be asked to complete a medical records consent form (See **Appendix 5** for letter and medical consent form). Employees have a legal right to refuse CAF/CASS access to personal medical records.
- 10.3 If an employee does not co-operate in assisting CAF/CASS to establish his/her true medical position, they should be told that any decisions made on their continued employment will be based on the information available.

11 Alternative Arrangements

If a medical statement or letter is received from the individual's GP or Consultant indicating that he/she should seek other employment more suited to his/her capability, or requesting 'light duties' either permanently or for a defined period, the employee should be referred by the Manager to Occupational Health for assessment. Alternative arrangements/duties are any changes which might allow a return to work. They may involve alteration to the way in which the job is done or to the employee's duties or they may involve a complete change of job. This should have no detrimental effect upon the employee's terms, conditions and salary.

Consideration of alternative arrangements is vital to ensure that any possible termination of the employee's contract of employment is handled fairly.

12 Rehabilitation

- 12.1 CAF/CASS aims through Occupational Health to support employees to return to work as soon as possible. Employees who have been absent from work for a long period may have their return to work assisted by a programme of rehabilitation.

- 12.2 The programme of rehabilitation should be for a fixed period and should be developed by the Occupational Health service in consultation with the employee and their line manager. A programme of rehabilitation may include the following:
- Shorter working days
 - Flexible working hours
 - Regular reviews / discussion and appropriate supervision
 - Retraining as required
 - Reasonable adjustments
 - Shorter working week
 - Alternative duties (see above).
- 12.3 The programme of rehabilitation should be reviewed by Occupational Health, with the employee and their line manager at the end of the fixed period. The employee should be paid their full pay for the duration of the programme of rehabilitation.

13 Employee Assistance Programme

- 13.1 It is recognised within today's society that from time to time we all struggle coping with the pressures placed upon us, either at home or at work.
- 13.2 Sometimes those pressures can have serious consequences on our health and we can become unwell as a consequence.
- 13.3 In order to help employees cope with situations or stresses in their lives, which are affecting their well-being, CAF/CASS has introduced an Employee Assistance Programme which allows all employees confidential access to a professional telephone counselling service and to a number of face to face counselling services where this is deemed appropriate by the counsellor.

The service is established as a confidential one and therefore permission need not be sought to make use of it.

- 13.4 Employees who wish to make use of the service may find the details and contact numbers on the Intranet. If employees wish to attend face-to-face counselling sessions during work time, they should notify their line manager in order that cover can be provided where necessary. If the employee wishes complete confidentiality, counselling sessions should be arranged in their own time.
- 13.5 Line managers should maintain a high level of confidentiality if they have been informed by the employees that counselling sessions are being attended.

- 13.6 A confidential review of usage should be undertaken at yearly intervals to analyse the number of occasions of use (telephone and face to face) in order to ensure that the service provided continues to meet the needs of the organisation and the needs of the employee).

Note: The review should not involve any personal details of those who have accessed the service, which should be a strictly confidential matter between the employee and the counsellor.

14 Managing Absence For Employees With Disabilities

- 14.1 Section 6 of the Disability Discrimination Act specifically identifies the provision of leave as a reasonable adjustment where a disabled person needs to be absent from work for “rehabilitation, assessment or treatment”, (for example the routine assessment of hearing aids, hospital or specialist check-ups including monitoring of related equipment or treatment).
- 14.2 This form of approved absence is not sickness absence and it could be inappropriate and potentially discriminatory to manage it as such. In practice, this form of disability leave can be more appropriately managed along parallel lines with other relevant leave requirements e.g. requirements that pregnant women routinely attend ante-natal appointments, or in terms of relevant flexible working arrangements or special leave arrangements.
- 14.3 It is important to realise that disability is not synonymous with sickness. Confusion can cause offence to many disabled persons who quite rightly do not consider being disabled a ‘sickness’. It is recognised that some employees with a disability often have far better attendance records than non-disabled employees.
- 14.4 However, in some instances a person’s disability may in practice be associated with some level of sickness absence due to incapacity. For example, an employee with severe asthma or epilepsy who is unable to attend work, due to an attack or seizure, may be absent due to disability-related sickness.
- 14.5 In some cases the failure of an employer to provide a reasonable adjustment for an employee may lead to deterioration in the employee’s condition requiring absence from work.
- 14.6 The key issue in relation to sickness absence management is that where the effects of a person’s disability results in a need to be absent from work due to illness or where a disabled person requires leave which is directly associated with their disability this may need to be accommodated within the terms of the DDA.
- 14.7 It is always appropriate to consider whether it is possible to reduce the extent of disability-related absences through reasonable adjustments. Often a reasonable

adjustment – providing the appropriate equipment, or allowing an individual to work from home or on flexible hours – can resolve the need for absence.

14.8 It may be that it is not possible to adjust the particular post to enable the absence problem to be resolved. In this case consideration should be given to redeployment. This may be particularly appropriate when dealing with long-term absences.

14.9 If the employee meets the DDA test i.e. they have a physical or mental impairment which has a substantial long-term adverse effect on their ability to carry out normal day-to-day activities, reasonable adjustments should be considered before any recommendation to terminate the employee's contract is contemplated.

15 Further Guidance

Further guidance on the application of this policy and procedure is available from Human Resources.

16 Variation And Termination

There should be no variation to this Agreement except by joint agreement between CAF/CASS and the Trade Unions through the Partnership Committee

The Management of Sickness Absence

Frequently Asked Questions

The responses below must be read in conjunction with the Management of Sickness Absence Policy.

General

- 1. Does the Management of Sickness Absence policy supersede my previous sickness absence policy?**

Yes, this policy supersedes all existing policies previously in operation by former employing bodies.

- 2. Does the policy cover home workers and self-employed practitioners?**

The policy covers all employees on CAF/CASS contracts this includes homeworkers and bank employees, but not self-employed practitioners.

- 3. What will my sick pay entitlement be during my period of absence?**

Provided that you have completed three months' continuous service (13 weeks) with CAF/CASS, and provided you have complied with the requirements of the CAF/CASS Sickness Absence Reporting Procedures, CAF/CASS will continue to pay you at your normal rate of pay during any unavoidable absence through sickness or injury (whether continuous or intermittent) up to a maximum, in any period of 12 consecutive months, of six months full pay, then six months half pay. Any payment made to you under this provision will include any entitlement, which you may have to SSP. CAF/CASS sick pay will be reduced by the amount of any Social Security benefits recoverable by you (whether or not recovered) in respect of your illness or injury.

During your first three months' continuous service (13 weeks) you may be entitled to Statutory Sickness Pay ("SSP") based on the hours worked and your average earnings over the last eight weeks in line with the Statutory Sickness Pay Regulations as amended from time to time. For SSP purposes no sick pay entitlement is paid for the first three days of any sickness absence.

In exceptional circumstances the above may be varied subject to approval by the Corporate Director.

4. After what period of absence will I be required to provide a medical certificate?

Medical certificates are required after 7 continuous days sickness absence or if you are on annual leave at the time of your illness and wish to have your annual leave reinstated.

5. Can I go in to work if I am signed off by my G.P. or self certified?

CAFCASS has a duty of care to all our employees and as such we would not wish employees to work under any circumstances if medically unfit.

6. Do I have to meet my Manager face to face for the informal return to work meeting?

Managers will make every effort to ensure that return to work meetings, including informal ones, are face to face with employees as this contact is the best way of discussing the reasons for absence, the employees' state of health and providing support and guidance. However, we appreciate the geographical challenges within CAFCASS, and therefore Managers may exercise their discretion in terms of how these informal discussions with staff take place.

7. If I am required to attend a return to work meeting with my Manager can I be accompanied?

Yes, you may be accompanied by your Trade Union Representative, or a work colleague, to your 'return to work interview'.

8. At what stage will my sickness absence, be reviewed by my Manager?

Where a member of staff has a level of short-term absence that is causing concern a review will be carried out with the employee. As a general guide, your Manager will review your absence if you have had 3 episodes of absence in a rolling 12-week period (including one-day absences).

Long-term sickness is difficult to define but as a general rule 4 weeks or more continuous time off due to ill health would be termed as "long term", and would be the period in which your absence would be reviewed.

9. If I have a disability will this count towards my level of sickness absence?

The procedure allows Managers to discount disability related sickness absence, as this may be considered as a reasonable adjustment to facilitate a disabled persons employment.

10. Do I need to provide proof of my disability?

There is no longer a legal requirement for disabled people to be registered as disabled.

However, if you have a disability you should advise your Line Manager of this so that reasonable adjustments, if required, can be considered. A disability is defined as:

A physical or mental impairment which has lasted, or is likely to last 12 months, or for the rest of the life of the person (the latter includes terminally ill people) and has a substantial or long term effect on a person's ability to carry out normal day-to-day activities.*

**Normal day-to-day activities include: mobility; dexterity; physical co-ordination; continence; ability to lift, carry or otherwise move everyday objects; speech, hearing or eyesight; memory or ability to concentrate, learn or understand; or perception of the risk of physical danger.*

Please contact your Human Resources Advisor if you require further information about what constitutes a disability.

11. Do appointments at the doctor or dentist count towards my sickness absence?

No they do not count towards sickness absence. However you must inform your line manager in advance of any time off required to attend such appointments.

12. If I have an appointment during working hours may I take the time off?

You should try to arrange your appointments out of office hours. However where this is not possible, you must seek approval from your Manager in advance, prior to taking any time off work.

13. How will my Manager record my absence if I need to take approved compassionate leave to care for a dependent?

Your Manager will record your absence on the monthly absence log as Carer Leave or Other Paid Leave as appropriate, but this absence will not count towards your sickness absence.

14. If I have to attend a formal meeting with my Manager, how much notice will I have?

Your Manager will try to agree a convenient date with you, however; in any event you should be provided with a minimum of 5 working days notice of the meeting.

15. How will I be informed that I am required to attend a meeting?

Your Manager will write to you inviting you to attend a formal return to work meeting.

Occupational Health

16. In what circumstances would the opinion of the Occupational Health Physician be sought?

Your Manager may request that Human Resources arrange an appointment for you to see the Occupational Health physician, if your absence gives cause for concern, following an informal or formal return to work interview. It may also be applicable if you have been absent from work for 4 weeks or more, or where you have a known condition, which is affecting, or is likely to affect you at work, even if you have not been absent from work as yet.

17. Does my Manager have to refer me to Occupational Health, or can I make a voluntary request?

It is general practice for referrals to be made by the Human Resources Advisor following a Line Manager request. However, if you think that you are suffering from a work related illness you may put a request in writing to your Line Manager for a referral, and the referral will be made if your Line Manager agrees that it is appropriate.

18. Can I see the Occupational Health report?

Yes, you will be provided with a copy of the report.

19. What happens if I refuse CAF/CASS access to my personal medical reports?

It is your legal right to refuse CAF/CASS access to your personal medical records if you wish. However, in the absence of information about your health, we may have to make decisions based solely on the information that we have available to us.

20. Does CAF/CASS have an Employee Assistance Programme?

CAF/CASS has an Employee Assistance Programme, which is available to all employees. The Employee Assistance Programme allows employees confidential access to a professional telephone counselling service and to a number of face-to-face counselling services where it is deemed appropriate by the counsellor.

The service is confidential, and operated by Counselling in Companies and therefore permission does not need to be sought to make use of it. The service will be launched on 1st July 2004 and the freephone telephone number is 0800 917 8452.

Counselling in Companies will also take referrals from line managers if the employee has been identified as needing support.

21. Will I be able to attend face-to-face counselling sessions during work time?

If employees wish to attend face-to-face counselling sessions during work time, they must notify their line manager so that cover can be provided where necessary. If the employee wishes complete confidentiality, counselling sessions must be arranged in his or her own time.

Long term sickness

22. When is sickness classed as Long term?

As a general rule 4 weeks or more continuous time off due to ill health would be classed as long term.

23. Who do I send my medical certificates to?

You must send your certificates to your Line Manager.

24. If I do not want my Manager to visit me at home can I refuse the visit?

Your Line Manager has a duty of care towards you, and keeping in contact with you whilst you are absent from work is an aspect of this. If you would prefer that this contact is at an alternative venue to your home this may be facilitated.

25. What would happen if I was unable to return to work?

If you are unable to return to work under any circumstances, and if all options such as redeployment, and reasonable adjustments had been considered, your Regional Human Resources Advisor would, in consultation with you and your representatives discuss the options available to you. Depending on your circumstances this may include considering early retirement on ill health grounds (subject to approval from Occupational Health) or the termination of your employment on grounds of capability (subject to consultation and notice).

Rehabilitation

26. If I am advised to work reduced hours/days for a short period of time in order to assist with my recovery, will I still retain my full pay?

Yes provided that this is part of the rehabilitation plan agreed with your line manager and Human Resources in consultation with Occupational health and/or your specialist Medical Adviser.

27. Will my holiday entitlement be affected by my reduction in hours?

No your holiday entitlement will remain unchanged during the rehabilitation period.

Managing Absence for Staff With Disabilities

28. If I am required to attend an assessment at hospital, will this be counted as sick leave?

No. Appointments will not be counted as sick leave. However, you must advise your line manager in advance of any time off required to attend such appointments.

29. Is all sickness absence discounted for disabled people?

If your sickness absence relates to your disability, it may be considered a reasonable adjustment to discount this for the purpose of managing sickness absence in accordance with the procedure. Your sick pay entitlement will be in accordance with your contract of employment.

30. How does sick leave effect other leave entitlements such as Annual Leave or Maternity Leave?

If you are sick whilst on Annual Leave you must produce a medical certificate for the period of sick leave in order for your annual leave to be reinstated.

You cannot claim sick leave whilst on Maternity Leave. If you are sick prior to going on Maternity Leave then it will be treated as normal sick leave unless it is a pregnancy related illness or within 4 weeks of your EWC.

MANAGEMENT GUIDELINES

Referrals To The Occupational Health Service

1. There are two ways in which an employee can attend the Occupational Health Service for assessment.
 - a) **Employee request.**

In situations where an employee feels that they are suffering from occupational ill health (Work related ill health), a written request for an Occupational Health referral may be made to the employee's line manager, who should review the circumstances with the employee. If the line manager agrees that a referral is appropriate, appropriate arrangements should be made. If the line manager does not feel that the referral is appropriate, this may be discussed with the Regional Human Resources Advisor before the employee is advised of this.
 - b) **Line manager request**

The employee concerned should be advised that the purpose of referring him/her to the Occupational Health Service is to obtain a report indicating how his/her health affects his/her capability to undertake his/her full range of duties and that the report will be forwarded to the manager (and the appropriate Regional Human Resources Advisor if included). It should be stressed that this report will contain no confidential medical information, and a copy should be sent to the employee.
2. If an individual is referred to the Occupational Health Service, it is essential that the manager provide the Occupational Health physician with full details, including attendance record, background information and job description. The standard referral form (**Appendix 4**) is to be used.
3. The Occupational Health physician's report should cover the following.
 - a) Whether the employee is fit or unfit for his/her full range of duties.
 - b) If the employee is unfit, whether he/she is likely to be able to undertake the full duties in the foreseeable future.
 - c) If the employee is unfit for full duties, what the restrictions/limitations are on his/her ability to work and how long they should apply.

The content of the report should be discussed with the employee by the Occupational Health physician.

In circumstances where there is a conflict of medical advice, it is CAF/CASS' policy to accept the opinion of the Occupational Health Service's physician

1 What is the Purpose of these Guidelines

To provide guidelines on the role of the Occupational Health Service in the management of absence due to ill health.

2 What is the Role of the Occupational Health Service?

The Occupational Health team gives advice to both employees and managers. The employees often need help to understand the illness and to minimise its impact on their ability to work. Managers receive the information they need to manage their work force effectively.

3 When Should Managers Use the Occupational Health Service?

The most frequent situations in which referrals should be considered are:

a) Long term sickness absence

As a general rule any ongoing absence of 20 or more consecutive working days is to be regarded as long-term i.e. requiring special attention/consideration. If an employee has not already been referred to the Occupational Health Service, it may be appropriate to refer an employee to the Occupational Health Service when he/she has been absent from work for more than 6 weeks.

The Manager also needs to know, as soon as possible, when or if the employee will be able to return to work. Answers to the following questions will enable the manager to monitor and manage the absence:

- When is the employee likely to return?
- Will there be any transient or long lasting impairment or disability following return to work which may impact on other members of the team or may require reasonable adjustments to be made?
- Is there anything that the Manager can do to facilitate an earlier return?
- Will the employee ever, or in the foreseeable/future return to their current job?
- Could the employee come back to another job temporarily and, if so, what type?

- Are there likely to be any future episodes of sickness?
- Will the employee require periods away from work for treatment etc?

Answers to these questions do not necessarily restrict the Manager to a particular course of action. They should, however, provide enough information to assist the Manager to act appropriately. Often answers to these questions may not be immediately available. More than one appointment may be necessary before sufficient advice can be given.

In the event of the employee having to work reduced hours, or perhaps do no lifting on his/her or her return to work, redeployment may be advisable. However, this can be difficult to arrange. It is in no ones interest to be faced with resolving this issue on the morning of their return to work.

Clearly, the earlier the manager knows the likely outcomes, the easier it is to plan for them.

- b) Frequent short-term absences. (As a general guide 3 episodes of absence in a rolling 12-week period, including 1-day absences). Managers should exercise discretion throughout the review process and give full consideration to the individual's particular circumstances and health problems.

Cases such as these are usually a management problem rather than being related to any underlying medical conditions. Occasionally, however, this is not the case, hence the need for a medical assessment. The manager may need to know if the episodes of absence are related to an underlying medical problem and the likely future pattern of attendance.

These examples provide a general guide to the situation in which a referral would be made to an Occupational Health Advisor. There are, however, no restrictions in doing so at any time if it is considered appropriate by the line manager in all the circumstances.

4 How Do I Make a Referral to the Occupational Health Service?

Firstly it is important to notify the employee that a referral is being made and to seek their consent to access to medical records if required. (See **Section 8** and **Appendix 5** of the policy document for guidance and templates).

The key to obtaining useful advice from the Occupational Health Service is to make a good referral. A list of examples of appropriate reasons for referral is contained in the following section.

The Occupational Health Service needs relevant information in writing using the referral forms in **Appendix 4**. The minimum requirement is:

- Sufficient personal details to identify the person you wish to refer.
- Their duties and job description/job profile.
- A statement of the problems/reasons for absence.

- A list of all sickness absence in the last twelve months giving reasons, dates and duration.
- A clear description of the issues of concern, on which advice is required.
- Details of work environment relevant to the referral, including information arising out of risk assessment, where appropriate.

Referrals may be made by Managers or Human Resources. A clear job description is essential and you should include not only grade but also role.

5 What Information Will I Receive from the Occupational Health Service?

This may depend on the nature of the problem and the questions you have asked in the referral. Advice should be offered on how the episodes of illness effects the employees ability to work:

- If the employee is currently absent, the expected date of return to work.
- Whether the absences have been caused by underlying medical conditions.
- The effects the medical condition may have on the employee's ability to do his/her job and whether the Disability Discrimination Act applies in this case.
- Long-term limitations on the employee's ability to do his/her job.
- Short-term limitations on the employee's ability to do his/her job.
- Eligibility for ill health retirement.
- Management action that could influence (improve) any of the above.

6 How Do I Obtain an Employee's Appointment With Occupational Health?

On receipt of the referral letter, the occupational health service may ring or e-mail the referring manager providing him or her with the first available appointment.

This appointment date and time should also be confirmed in writing. The manager should then inform the employee in writing of the appointment details.

The following section gives examples of appropriate reasons for occupational health referrals:

Lists Of Appropriate Reasons For Referral

Long Term Sickness Absence - No Established Return Date

Long term sickness absence of any type, which would normally be over 4 weeks, with no established return date.

e.g. Long Term Sickness Absence
Reason: Depression
Duration: 42 Days
Return Date: Not established; GP sick certificates issued every 2 weeks

e.g. Long Term Sickness Absence
Reason: Back Pain
Duration: 49 Days
Return Date: Not established; on waiting list for operation

Long Term Sickness Absence – Established Return Date

Long-term sickness absence of any type, which would normally be over 4 weeks, with an established return date.

E.g. Long Term Sickness Absence
Reason: Hysterectomy
Duration: 90 Days
Return Date: Established during regular contact with employee, to be confirmed by GP. Possible return to work programme to be agreed.

E.g. Long Term Sickness Absence
Reason: Kidney Transplant
Duration: 120 Days
Return Date: Regular contact with employees revealed a wish to return to work earlier than expected. Gradual return to work programme to be agreed.

Cumulative Sickness Absence

The number of days/spells may vary, the pattern being demonstrated using Personal Sickness Absence system or line manager monitoring.

e.g. Cumulative Sickness Absence
Reason: Varied
Duration: 15 days

Number of Spells: 6

Pattern: Most frequently Wednesday and Thursday

All self certified

e.g. Cumulative Sickness Absence

Reason: Chest Cold

Duration: 25 days

Number of Spells: 5

Pattern: Once every 6 weeks

All self certified

III-Health Retirement

These referrals can take two forms:

- i) Direct referral to Occupational Health Consultant by a Human Resources Advisor in line with existing procedure.
- ii) On receipt of a GP/Consultant Report. The recommendations of the Occupational Health Service are potential ill-health retirement.

Appendix 1 – Sickness Absence Self-Certificate Form

ANNEX 1

Sickness Absence Self-Certification Form

Name:		Location:	
Department:		Area:	
Pay Ref No:			

Sickness Absence

First calendar day of sickness (dd/mm/yy): _____

Last calendar day of sickness (dd/mm/yy): _____

First day absent from work (if different): _____

Date of return to work (if different): _____

Who did you notify that you would be absent from work due to sickness?

Name: _____ Date and Time: _____

Reason for absence *(Please describe the reason for your absence below. This should be more detailed than "I was ill" or "I was unwell")*

Is a medical certificate for this absence attached? Yes No

Work related absence

Was your absence due to a work related activity or incident? Yes No

If "yes" to whom and when was the incident reported?

I declare that the information given is to the best of my knowledge correct. I understand that if I provide inaccurate or false information, it may lead to a reduction in sick pay benefits and / or disciplinary action being taken.

Signed employee: _____ Date: _____

As Line Manager I approve the above statement and have / have not discussed this period of sickness absence with the member of staff.

Signed (Manager): _____ Date: _____

Issue Date

Appendix 2 – Management Guidelines – Monthly Sickness Absence Returns

Managerial Guidelines - Monthly Sickness Absence Returns

Sheet 1 is for you to complete for Employees at your site. This should be for all employee absence using the key below

S	Sick Leave	T	Study Leave	INFORMATION SITES Maternity www2.dti.gov.uk/er/matlea Parental www.dt.gov.uk/er/parenta Time Off www.dti.gov.uk/er/timeoff
A	Annual Leave	B	Bereavement Leave/Funeral	
F	Flexi-Leave	O	Other Paid Leave	
C	Carer Leave	U	Unpaid Leave	
M	Maternity Leave	X	Unauthorised Leave	
P	Paternity Leave	D	Disability Related Absence	

Note: Absence code **M** covers standard maternity leave as well as pregnancy / new mother related sickness

Absence code **O** could include hospital / doctor / dentist appointments etc

It is important that CAF/CASS keeps an accurate record of employee absence for legal, future planning and for CAF/CASS to set KPI's.

Sheet 1 should be completed each month for all CAF/CASS employees and should be sent as follows:

- Copy to UISL by 30th / 31st of each month.
- Copy to Regional Office by 30th / 31st of each month.
- **NB.** National Office should read Regional Office as the HR Department at NO.
- Copy retained for your own office record.

Sickness Forms

If an employee is sick for 1-6 consecutive days the employee should provide a self-certification form (Appendix 1 of Management of Sickness Absence Policy). The form should be signed off and sent to the regional office.

If the employee is sick for more than 7 consecutive days, they should hand to you, or send, a medical certificate which should be sent to the HR Advisor at the regional office.

Maternity Forms

If an employee is to be absent for maternity leave, they should obtain a MATB1 form which should be sent as follows:

- Original copy to UISL.
- Copy to regional office.

The employee should also complete the Maternity Form and send it to CAF/CASS HQ who should liaise with UISL with regards to maternity leave and return to work for the employee concerned.

For additional information, employee information, statutory and occupational rights, refer to HR section of CAF/CASS Intranet

Appendix 4 – Occupational Health Referral Form “IN STRICTEST CONFIDENCE”

Occupational Health Referral Form

To: Dr
Occupational Health Department
Hospital/Organisation
Address

From:

Name

Position:

Location: CAF/CASS Office

Date:

Telephone Number:

Please provide a medical assessment of:

Name:

DOB:

Job Title

Department:

(Address)

Base:

This information is requested to enable me to:

(the following are examples)

- *Understand if there is a previous history of x related illness/es that would be relevant to x's ability to cope with y role.*
- *Ascertain if x is able to return to work in the near future, and if not an estimate as to when that may be possible.*
- *Whether there is anything that CAF/CASS can do to aid x's return to the full performance of x's role?*

Brief description of employee's duties:

I have attached the job profile for x's position, (attachment x).

Details of work environment relevant to the referral, including information arising out of risk assessment, where appropriate:

Attendance Record (over the last twelve months)

Give details of attendance record, giving dates and reasons and medical certificates attached. Please indicate if any previous referrals have been made to the OHS on any of these occasions. Continue on separate sheet if necessary.

Period(s) of Absence:

- List periods of absence with inclusive dates, plus reasons for absence and whether certificated (self or by doctor). Attach copies of certificates.
- Total number of days: x (as at current date)
- Total number of incidents of absence: y

Has the reason for the referral detailed below been discussed with the employee concerned?

See attached letter dated xxxxx to x (attachment xx). A copy of this referral form has also been sent to x.

REASON FOR REFERRAL (COMPLETE AS APPROPRIATE)

1. Transfer of job

From:

To:

Major features of new position:

2. Return from accident

Accident occurred on:

Details of nature/type of injury/accident and treatment received (or data stated on any medical certificates, accident forms/reports):

3. Return from sickness

Specific job related problems:

4. Other issues, including personal or domestic issues that may be affecting work performance (if known):

5. Other reason: **As above**

Please specify:

Information required

Please comment as to whether there is an underlying medical condition. Where an underlying medical condition exists please comment on:

- If and when the employee is likely to render regular service in the future
- Any duties which the physician recommends that the employee does not undertake on a temporary or permanent basis

Please also comment on (delete as appropriate):

- The likely date of return to work?

Comments:

- Whether there may be any residual incapacity on return to work and whether any reasonable adjustments need to be made in the workplace?

Comments:

Management of Sickness Absence Policy

- How long it is likely to last?

Comments:

- Will it be temporary or permanent?

Comments:

- Will the employee be able to render regular service in the future?

Comments:

- Any special recommendations you may wish to make which would help us to find the employee alternative employment, if necessary?

Comments:

- Whether the employee may need to undergo treatment or take medication upon their return to work?

Comments:

Plus particular issues relating to X, (as above):

- Has there been a previous history of xx related illness/es that would be relevant to x's ability to cope with the pressures of such a role?

Comments:

- If x is able to return to work in the near future, and if not an estimate as to when that may be possible?

Comments:

- Whether there is anything that CAF/CASS can do to aid x's return to the full performance of x's role.

Comments:

In all cases, please provide any other information you consider relevant to the referral/specific questions requiring an answer (continue on another sheet if necessary):

Name of Physician:

Date of medical examination:

Signature:

Date:

Appendix 5 - Medical Report Letter and Consent Form

Date

STRICTLY PRIVATE AND CONFIDENTIAL

Name
Address

Dear (1st name),

Application For Medical Report – Employee Consent

In view of your continuing ill health, CAF/CASS is asking an Occupational Health Physician, (details) for a report giving information about your state of health for employment purposes. An appointment has been made for you at (details – or Dr X should shortly be contacting you – or this appointment should be confirmed by x if details have been included). A copy of the referral form is attached to this letter for your information. Your travelling costs for this appointment should be met by CAF/CASS.

The Occupational Health Physician may also decide that it is necessary for your general practitioner/consultant to be asked to provide information about your medical condition.

You may withhold your consent to information being sought from your doctor/consultant. You should be aware, however, that in the absence of such a report, any decision that CAF/CASS might reach in relation to your employment should be based on only those facts that are already available.

If you consent to the disclosure of your medical reports by your doctor/consultant, you are entitled to have access to the report prior to it being disclosed to the Occupational Health Advisor or CAF/CASS but you should notify your doctor/consultant of this fact within 21 days of the application for disclosure being made, failing which the report(s) will be disclosed to the Occupational Health Advisor and CAF/CASS without you first having access to them.

If you decide to have access to the medical report before it is disclosed to the Occupational Health Advisor or CAF/CASS, you are entitled to request that the medical practitioner amend any part of the report which you consider to be incorrect or misleading. If the medical practitioner agrees with your request, the medical report should be amended accordingly. If the medical practitioner does not agree with your request, you are entitled to request that he/she attach to the report a statement of your views in respect of any part of the report which he/she has declined to amend.

If you have any questions concerning this letter or its enclosures please contact me.

I wish you a speedy recovery.

Yours sincerely,

Appendix 6 - Medical Report Consent Form

As part of the Medical Reports Act 1998, you need to give your consent for an Occupational Health physician contracted by CAF/CASS to contact your doctor to obtain a medical report. It is therefore important that you fully complete this form and return it.

PART A

I hereby **GIVE MY CONSENT** for an Occupational Health Physician contracted by CAF/CASS, to be provided access to medical information from a doctor who has been responsible for my physical or mental health care.

I wish/do not wish (*please delete as appropriate*) to see a copy of the report before it is disclosed to the Occupational Health Physician.

I understand that this consent form will be copied to that doctor and should have the validity of the original.

My General Practitioner is Dr

Of (address):
.....

Postcode: Telephone no:.....

My Consultant (if applicable) is Dr

Of (address):
.....

Postcode: Telephone no:.....

Signed Date
(Name of employee)

PART B

I **DO NOT CONSENT** for an Occupational Health Physician contracted by CAF/CASS, to be given access to medical information from a doctor who has been responsible for my physical or mental health care.

I understand that any decision that CAF/CASS might have to take regarding my employment may have to be taken in the absence of such a medical report.

Signed Date
(Name of employee)

Appendix 7 - Frequently Asked Questions by Managers

The responses below must be read in conjunction with the Management of Sickness Absence Policy

How should I deal with a member of staff who I consider is not well enough to work, and who refuses to take time off sick?

Staff should not be encouraged to attend work when they are sick. Such cases need careful and sensitive handling and the best way to deal with any particular situation will depend on the circumstances and the individual concerned.

Possible approaches include reminding the individual that:

- *CAFCASS has a duty of care to all employees and this includes ensuring that they do not work when they are unwell*
- *Individuals who continue to work when they are unwell will not help themselves recover and may have to take a longer period off sick than would otherwise be necessary*
- *Other staff or clients could be affected if infection spreads or performance deteriorates*

Employees often wish to work at home when they are unwell, this should not be encouraged, as it will not aid recovery. It is also a breach of the conditions under which Statutory Sick Pay (SSP) is payable.

If there are serious concerns about performance and/or safety, then consideration can be given to instructing individuals not to attend work – if you feel this may be justified then please consult your Regional Human Resources Adviser before taking this action.

What about employees who return to work too soon?

If there are serious concerns that the employee may not be ready to return to work then you can insist that he/she obtain a signing off certificate from their GP. If a referral to Occupational Health has been made then the Occupational Health Adviser should be consulted concerning the return to work date.

How should I deal with an employee who is absent due to stress?

Where individuals are absent due to stress then it is important to discuss the reason for this at an early stage, to establish whether or not the causes of the stress are considered to be work related. This also applies where an employee is not absent from work but is seen to be exhibiting signs of stress or complains about stress.

If it is established that the stress may be entirely or partly related to work, then a risk assessment should always be carried out; and any adjustments which can be made to the work and/or the workload considered. Managers can also make a management

referral to the Employee Assistance Programme. Please consult with your Regional Human Resources Adviser in all cases where work related stress has been identified or may be a possibility.

The procedure states that I must not contact a member of staff who is off sick for four weeks. This is not practical as I need to plan the work and may need to re-allocate court duties or casework.

The procedure requires employees to notify their manager on the first day of sickness. It is important that you arrange to receive the call personally wherever possible, then the duration of the likely sickness and other arrangements can be discussed. The employee also has a responsibility to keep in contact and keep you informed of progress.

If it is essential to make contact in the first four weeks then this should be kept to the minimum and done in a supportive way, for example 'would you like me to re-allocate your caseload' rather than 'I need to know'. A letter is often more acceptable than a telephone call – check out with the employee how they wish to be contacted if this is unavoidable.

What approach should I take with Homeworkers?

The procedure for dealing with Homeworkers should be no different from that applied to office based staff. Experience demonstrates, however, that Homeworkers are often more reluctant to take time off sick, as they are more able to vary their working pattern and do not have to undertake the journey to work. Managers often feel they have less control of the situation as the work patterns of Homeworkers are not immediately apparent to them.

The most effective way of managing absence is to set the ground rules for homeworking as soon as the homeworking arrangement begins, and before a period of absence occurs. This will include making the Homeworker aware that:

- *CAFCASS does not require a higher level of commitment from them than from other staff – they are not expected to work when they are sick*
- *The same procedures apply to them as to office based staff and all sickness must be notified in the same way*
- *Any failure to follow procedures will be viewed as a serious matter and may result in action under the Performance and Conduct procedure*
- *You need to agree now what will happen in the case of any absence – for example who will notify the court, arranging for mail to be sent to the office rather than to home etc.*

If there are general concerns with the working patterns and/or the performance of homeworkers then these should be discussed at supervision sessions and some form of monitoring may need to be put in place. If this does not result in an improvement and concerns remain, consideration should be given to taking action under the Performance and Conduct procedure, which may result in the homeworking option being removed on a temporary or permanent basis. Please consult with your Regional Human Resources Adviser in such cases.

Appendix 8 - Guidance for Managers on Conducting Formal Return to Work Interviews

Guidance for Managers

The return to work interview must centre on the employee's health and reason for absence

- ❑ Select the venue carefully, consider level of privacy, environment etc.
- ❑ Ensure that you are familiar with the employee's sickness record details
- ❑ Begin the interview by welcoming the employee back to work
- ❑ Discuss the reason for absence
- ❑ Is there an underlying medical reason for the absence
- ❑ Is the employee getting appropriate medical care and treatment
- ❑ What is the likelihood of a recurrence
- ❑ Are there patterns, i.e. monthly, or other team members affected
- ❑ Give the employee the option to discuss any personal problems with a Manager of the same gender if requested.
- ❑ Consider whether the illness is attributed to a disability
- ❑ Consider whether any reasonable adjustment should be made in accordance with the Disability Discrimination Act.
- ❑ Would a referral to Occupational Health be appropriate, if so discuss with employee, and Regional Human Resources Advisor
- ❑ Consider whether alternative duties would assist the employees
- ❑ Would Counselling Help? If so inform the employee of the 'Employee Assistance Programme'
- ❑ Take the opportunity to reinforce the importance of the employee's contribution to CAF/CASS
- ❑ Record the details of the discussion, making a note of the period of absence, the reason for absence, the date of discussion, review date (if applicable), and any other significant details that may emerge which you feel are appropriate to the situation.
- ❑ The outcome of the discussion should leave staff feeling that their input has been appreciated, and that they are valued by CAF/CASS

Appendix 9 - Return to Work Interview Proforma

Name of Employee

Name of Manager conducting interview

Date of return to work interview

Date of absence from..... to.....

Reason for absence.....

PLEASE ENSURE THAT YOU HAVE A COPY OF THE EMPLOYEE'S ABSENCE RECORD BEFORE COMMENCING THE MEETING,

Notes of Discussion

Follow-up Action if Necessary

Signature of Employee Date.....

Signature of Manager Date.....

Appendix 10 - Short Term Sickness Absence Review Letter, Template

Strictly Private and Confidential
To Be Opened By Addressee Only

Name

Address

Date

Dear

Re: Management of Sickness Absence

I write to inform you that I am concerned about your level of sickness absence, and as such wish to meet with you on* at * at *. The purpose of this meeting will be to review your absence record and consider what support or action is needed to improve your attendance at work.

At the meeting you have the right to be accompanied by a trade union representative, or a work colleague. If you would like to be accompanied, you will need to let your representative know the time and date of the meeting. If you wish to be accompanied at this meeting, please could notify me of this so that the appropriate arrangements can be made.

....., Human Resources Advisor will also be attendance at this meeting. (* To be deleted if not appropriate)

A copy of CAF/CASS Management of Sickness Absence Policy is enclosed. I also enclose a copy of your sickness record relating to this meeting.

If you need any further clarification regarding this letter or it's enclosures or information on the management of sickness absence before we meet, please do not hesitate to contact me or Human Resources Advisor on

Yours sincerely

Name

Job Title

Cc Name, Job Title

Appendix 11 - Long Term Sickness Absence Letter, Template

Strictly Private and Confidential To Be Opened By Addressee Only

Name
Address

Dear

Re: Sickness Absence Review Meeting

Insert appropriate personalised sentence – e.g. – I hope that your treatment is going well/I hope that your convalescence following your operation is going well.

Due to your absence from work through ill-health since, I write to provide you with further information about the CAF/CASS Management of Sickness Absence Procedure and the approach that we adopt in these circumstances.

As your Manager, it will be necessary for me to keep in contact with you during your period of sickness absence which may involve a visit which can either be at your home, or at a mutually convenient place., Human Resources Advisor, will be accompanying me on this visit. **(Please delete** as appropriate.)

The purpose of the visit is to discuss your current health situation and to explore with you any assistance that you may require to enable you to return to work within the foreseeable future. It is also an opportunity for you to ask any questions on the Sickness Procedure or any other concerns that you may have.

The types of things that may be discussed at these visits are: whether a return to work is foreseeable, likely timescales involved, any assistance / adjustments required to facilitate your return to work, whether a referral to occupational health is appropriate, whether redeployment is an option, now or in the future. There may be other matters to discuss, for example, your sick pay entitlement and annual leave arrangements.

The aim is not to be intrusive but to manage absence effectively and assist wherever possible to enable a return to work.

The proposed date for my visit is on* at* at*. Please contact me on telephone* to confirm whether this date, time and venue is convenient.

You have the right to be accompanied by a trade union representative, a friend, or a work colleague at any visit that may be arranged if you wish. If you wish to be accompanied at this meeting, please could notify me of this so that the appropriate arrangements can be made.

A copy of CAF/CASS Management of Sickness Absence Policy is enclosed for you information. I have also enclosed a copy of your sickness record relating to this absence.

If you need any further clarification regarding this letter or its enclosures or information on the management of sickness absence, please do not hesitate to contact me or, Human Resources Advisor on

Appendix 12 - Guidelines For A Dismissal Hearing

A written report setting out all the facts of the Case and recommending that dismissal is appropriate should be presented by the Line Manager at a meeting to which the employee has been invited, and at which he/she can be represented by the union or a colleague. (The National Disability Council recommends that disabled employees facing a dismissal should be allowed representation from ACAS or organisations which exist to represent disabled people's interests, such as the RNIB, etc. or such other representative as they choose). Reasonable notice of meetings and time to prepare should be given. The report should be sent to the employee in advance of the hearing.

- The meeting will be chaired by a Corporate Director with advice from Human Resources. The decision to dismiss should be considered by the Chair after allowing the employee a chance to respond to the recommendation.
- The employee or his/her representative should be allowed to cross-examine the person presenting the report.
- Managers involved in Dismissal Hearings must note down and record every step of the process immediately after it takes place. A process leading to dismissal may take several months and consist of a number of meetings, etc. Notes will be important if it becomes necessary to defend a decision at appeal or at the employment tribunal.
- The information in this guide should be used to make sure that all the relevant considerations have been taken into account before dismissal is decided upon.
- A Dismissal Hearing may go ahead in the absence of the employee if this is the only way of determining the issue. But every reasonable opportunity of attending must have been offered to the employee before proceeding in this way. Dismissal in the absence of the employee should only go ahead if the employee has been warned in advance that a decision to dismiss may be taken in their absence. They should also be made aware that someone could present a written submission to be considered in their absence.

A formal Dismissal Hearing will not be necessary in cases where agreement is reached about retirement on the grounds of ill health. Where agreement is reached, Human Resources may give notice.

Appendix 13 - Checklist When Considering Dismissal

The following factors should be taken into account in reaching a decision to dismiss:

- Has the advice in this Policy been followed?
- Has advice from Human Resources been taken account of?
- Has there been any improvement in the level of absence as at Stage 3?
- Would it be reasonable to wait before deciding to dismiss to see whether improvement is sustained?
- What is employment history like? Is this only a recent problem?
- Is there a pattern to the absences? If so, does it suggest an alternative to dismissal?
- How does the employee's attendance record compare to others?
- Has any help and assistance been offered?
- Has a recent, clear medical opinion been obtained?
- Are any of the absences attributable to a disability?
- Have all alternatives been considered?
- Advice must be sought from Human Resources before a decision to dismiss can be confirmed to the employee.