

POLICY

Sickness Management Policy

Contact Officer

Director of Personnel

Purpose

The Sickness Management Policy plays a significant role in facilitating the health and wellbeing of staff and promoting health at work. The key aim of the policy is to put into place processes for managing sickness absence.

The policy is supported by the Sickness Management Procedure.

In this document the term 'attendance' is interpreted in the wider sense of 'being available for work'.

Overview

As an employer committed to the wellbeing of its staff, the University is concerned to take all reasonable steps to ensure that staff health issues, and any associated factors in the work environment, are identified at an early stage, and that appropriate action is taken to address these.

Absence of staff due to personal sickness has a direct impact upon the University including replacement costs, disruption to work in the area and increased workload for colleagues which can lead to interpersonal tensions, anxieties, stress and low morale.

Appropriate training is provided for managers to equip them with the skills and knowledge to implement the policy in a fair, sensitive and effective manner.

Scope

This policy applies to all members of staff (full-time and part-time) of the University.

The Policy

1. The University is committed to ensuring that the staff experiencing ill health are treated with understanding and sensitivity whilst facilitating an optimal level of attendance at work. The University aims to promote an organisational culture that facilitates the health and wellbeing of staff and helps to reduce absence due to sickness and its effects.
2. Where counselling or welfare advice is needed, the University will provide appropriate information and support. Where it is considered necessary the advice of the University's Occupational Health Service (OHS), will be sought.
3. In cases of partial recovery when the full range of previous duties can no longer be undertaken, the University will seek to make appropriate reasonable adjustments such as a revision of hours or duties or redeployment to alternative work.
4. Where staff who are absent long-term due to sickness have little or no prospect of returning to work, employment may need to be terminated on medical grounds. Staff who are members of one of the superannuation schemes (LGPS or USS) may be eligible for retirement on grounds of ill health under the rules and requirements of the relevant pension scheme.

Objectives

5. The objectives of the Sickness Management Procedures are to:
 - a. ensure that sickness absence is managed responsibly, consistently and fairly, giving staff confidence in the University's approach;
 - b. promote a culture where individuals feel that their contribution at work is valued;
 - c. ensure support for staff who are experiencing ill health while minimising absence levels and their impact;
 - d. promote a pro-active and positive approach to managing sickness absence;
 - e. eliminate organisational factors that may lead to sickness absence, such as lack of training and support, inappropriate patterns of work, adverse environmental factors;
 - f. encourage early indication of occupational health issues e.g. musculoskeletal problems and illness which could result in long term incapacity;
 - g. Define the responsibilities of all University staff and their designated managers in relation to implementing the policy.

Definitions

6. **Frequent sickness absence** is defined as absence through illness, which is of a short-term duration (e.g. a day or a few days) but happens at regular intervals. It is normally self-certified (for periods of up to 7 calendar days). A judgement of what constitutes 'unacceptable' or 'acceptable' levels of absence is dependent on the individual circumstances of each case. It is important to monitor and manage such absences, with the aims of minimising absence and addressing any underlying issues. The University will use the Bradford Index methodology for highlighting to line managers, levels of regular short-term sickness absence. (See Appendix 1:- GUIDELINES and Appendix 2:- BRADFORD INDEX for further information and advice).
7. **Long-term sickness absence** is defined as a protracted period of absence (more than 28 calendar days) which is usually due to a single health problem e.g. caused by an operation, or by a combination of health issues. It is important to have regular contact with employees who are absent long-term

due to illness, in order to maintain support for the individual and facilitate their return to work. It is also important that managers minimise the effects of absence in the area of work concerned. Advice should be sought from Personnel Advisers who can refer cases to the Occupational Health Service (OHS) for advice, including a medical prognosis. The University has a Critical Illness Policy which covers any illness which is life threatening, life changing (for example leading to permanent and/or progressive disability), or requires significant and prolonged treatment (whether as an in-patient or out-patient).

Roles and Responsibilities

8. Heads of Institutes/Departments are responsible for ensuring that all staff are aware of, and act in accordance with this policy.

Responsibility of Designated Managers

9. Designated managers have responsibility for implementing the sickness/absence monitoring procedures as follows. Where particular aspects are delegated to other staff, such duties must be clearly assigned, including the identification of an appropriate contact person:
 - a. Recording absence on the appropriate form for all staff and ensuring that the information is transferred to the Personnel Department.
 - b. Informing the Personnel Department of all sickness absences, ensuring that any self-certificates and Statements of Fitness to Work are passed onto the Personnel Department.
 - c. Ensuring that contact is maintained with the absent member of staff in a sensitive manner, with respect to their right to privacy. The method of contact should be agreed with the individual concerned.
 - d. Ensuring that there is a practice established for undertaking a follow up discussion following the return to work. (See Procedure, 'Appendix 1: Guidelines for return to work' for further advice).
 - e. If an accident has occurred at work, ensuring that the accident form has been completed and forwarded to the Health & Safety Co-ordinator within 24 hours of the incident occurring. This may require contact to be made with the member of staff concerned during their absence.

Responsibilities of members of staff

10. Members of staff must take responsibility for:
 - a. Acknowledging and resolving problems underlying absences that are within their control.
 - b. Ensuring that contact with their Head of Department or designated manager is maintained during periods of absence, and that progress is reported regardless of certification.
 - c. Ensuring that sickness absences are attributed only to a medical condition. The University has a range of policies that cover leave of absence for other reasons, for example, caring, parental and family responsibilities.
 - d. Promptly submitting the appropriate Self Certificates or Statements of Fitness to Work.
 - e. Co-operating with University absence management procedures, such as referral to the Universities Occupational Health Service (OHS).
 - f. Informing the Personnel Department where absence is a result of an accident unconnected

with work, and involving a third party where damages may be recoverable from the third party.

Roles of Payroll Staff and Personnel

11. Payroll staff can give advice on Statutory Sick Pay (SSP) and possible claims for State benefits. The **original** copy of all Self Certificates and Statements of Fitness to Work are retained in the Personnel Department and added to the personal file of the individual. The Personnel Department keeps absence records submitted for statutory purposes. Information is held and advice given on the entitlement to and expiry of sick pay.

Role of Personnel Advisers

12. Personnel staff can offer advice and guidance on how to deal in a consistent, sensitive and confidential way with issues arising from staff absence due to sickness.
13. As soon as potential issues are identified with regard to frequent and/or persistent absence, the appropriate Personnel Adviser should be contacted as soon as possible. Further guidance is contained within Appendix 1 (handling frequent short term and persistent absences).
14. Personnel staff can advise on a range of practical issues including possible referral to the occupational health service, disability and counselling services. Personnel staff will also provide advice to individual members of staff about the employment implications of their medical position.

Role of Occupational Health (OH)

15. OH can provide practical advice and support, including on rehabilitation, with the aim of facilitating attendance at work. Advice can also be given to designated managers to assist in achieving this.
16. Normally Personnel will refer cases to OH with relevant supporting information including for example, the duration and reasons for absence, factors in the workplace which may affect the member of staff and the relevant job description. A copy of the information included in the referral will be provided on request to the member of staff concerned.
17. Cases referred to the service may involve for example:
 - a. Assessment of fitness to carry out the duties of the post;
 - b. Assessment for redeployment purposes;
 - c. Prognosis on the condition of an individual who is on sick leave, and possible fitness to return to work;
 - d. Medical assessment of persistent short term absences;
 - e. Assessment for potential medical retirement;
 - f. Assessment for environmental working factors;
 - g. Assessment of reasonable adjustments necessary to facilitate attendance at work.
18. Consultation with OH is confidential. The outcome of assessments will be made available to a Personnel Adviser, appropriate managers, and the individual concerned. Confidential medical information will only be released to third parties with the consent of the individual concerned, except where this is required in law.

Counselling Services

19. There are a number of possible sources of support for employees who wish to seek counselling:

- a. Some General Practitioners offer counselling support, and even if the GP Practice does not have a counsellor, it can be helpful to visit the GP to talk through your wish to see a counsellor.
- b. The British Association of Counselling and Psychotherapy (www.bacp.co.uk) or 0870 443 5252 is a professional organisation for counsellors. It can provide details of qualified counsellors in the area who work privately.
- c. If there is a need to speak to a counsellor urgently, the University of Worcester Student Counselling Service may be able to help. This Service is primarily for students, but the Counsellor can normally offer a single session to explore possible further options. The Counselling web pages, accessed through University of Worcester Home pages, provide information on many issues and give details on how to make an appointment.
- d. OH has a counselling service that can be used by employees; details can be obtained from the Personnel Department.

Other services

20. Access to Work (AtW) is available to help overcome the problems resulting from disability. It offers practical advice and help in a flexible way that can be tailored to suit the needs of an employee in a particular job. AtW does not, however, replace the normal responsibilities of the employer to implement Health and Safety regulations or replace the responsibilities required by the Discrimination Act.
21. In the event of a member of staff becoming unable to do part or all of their duties due to illness/disability, a Personnel adviser will discuss this with the person and the department/unit concerned to look at whether a "reasonable adjustment" could be made to the job, or, in some cases, whether redeployment is necessary. This is a requirement of the Equality Act 2010, to which the University is strongly committed to as part of its disability equality scheme.
22. In complex absence cases, where several of the above functions may be involved in providing input (e.g. department/unit, Personnel, and Disability Services Team) it may be helpful to hold case conferences with all involved parties, and to agree a case manager as appropriate to the particular situation.

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Related Policies, Procedures, Guidance, Forms or Templates	Sickness Management Procedure Critical Illness Policy
Policy/Policies Superseded by this document	Sickness Management Policy & Procedures (March 2011)