

## **POLICY, GUIDELINES & CODE OF PRACTICE FOR MANAGING STAFF ABSENCES**

### **1.0 Overall Aims**

1.1 DRH considers it essential to offer a working environment which is both conducive to good health and which ensures that staff are motivated to attend work unless they are unfit to do so.

1.2 DRH wishes to offer support to people during and after ill health and to encourage a smooth return to work particularly after a prolonged period of absence. DRH also wishes to minimise episodes of short-term sickness/absence.

1.3 DRH believes it is essential to have a full understanding of the environmental factors, which cause or affect sickness/absence in order that, wherever necessary, appropriate steps are taken to reduce absences caused by factors in the work environment.

1.4 DRH believes there can be no "acceptable" levels of sickness/absence so each particular case must be dealt with in its own context. Home Managers are required to maintain appropriate records showing the duration of and reasons for all spells of sickness/absence. This will enable them to monitor sickness/absence levels and enable problems to be spotted and tackled at an early stage.

1.5 To minimise sickness/absence with a target of 3% in all areas. However, it should be recognised that this will only be achieved if the principles outlined above are upheld in practice.

### **2.0 DRH Guidance**

2.1 In order to achieve the above, DRH will do the following:-

2.2 Ensure that after any period of sickness/absence, however short or for whatever reason the **Home Manager or Deputy** and the **employee** will have an informal discussion about the employee's absence with regard to help and support. This will include the completion of an **SSP 2** form (see Appendix 1) as a record of absence for Payroll/information purposes.

2.2 Ensure that all episodes of sickness/absence are recorded and categorised by cause, to enable monitoring and analysis.

2.3 Ensure that wherever absences are seen to be arising from causes in the workplace, that corrective action is taken promptly by the Home Manager. These causes could be for example, bullying, harassment, fear of tasks given and many more.

2.4 Causes could be unrelated to the work place but of a personal nature such as domestic problems, child care, drug or alcohol abuse and many more. In which case appropriate help and support should be offered e.g. referral to Occupational Health, changes in times worked, etc.

2.5 If a member of staff is suffering from a physical disability or mental health impairment there must be no discrimination and reasonable adjustments to their work patterns should be considered.

2.6 In order to implement the above guidance, the following rules and procedures will apply:-

### 3.0 Short Term Sickness/Absence

3.1 Home Managers should take action in any one of the following circumstances

- \* where an employee has an absence of 3 weeks
- \* where an employee has had 2 or more absences during the preceding 6 months
- \* at any time when the level of absence causes unsafe staffing within the home.

3.2 Ensure that staff exceeding the above levels are alerted to the fact and are provided with opportunities for appropriate support from the Occupational Health Department where necessary.

3.3 At the discretion of the Home Manager staff exceeding the above levels of short-term sickness/absence may be required to provide doctor's certificates.

3.4 As doctors are not obliged to issue Medical Certificates for absences of less than eight days duration, a private certificate may have to be obtained. It must be emphasized to the employee that the responsibility for obtaining the certificate from the doctor on the first day of absence and, if appropriate, paying the fee for the certificate, is entirely that of the employee.

3.5 Where the Home Manager wishes to introduce this procedure for an employee, they should supply the GP with a letter stating that DRH requires the employee to obtain a certificate and that the employee must pay for it if a charge is levied. This letter should also indicate the levels of sickness involved and a copy should be given to the employee.

3.6 This arrangement should be reviewed after a specified time, usually six months. Where an employee's attendance does not improve to a satisfactory level for a sustained period, it may be necessary to instigate the DRH Disciplinary Procedure.

### 4.0 Longer Term Sickness

4.1 Ensure all staff off work for three continuous weeks or more are referred to Occupational Health prior to their return to work. In the majority of instances, the employee will be required to see either the Occupational Health Advisor or Doctor before they return to the workplace.

4.2 Ensure all staff off work for three weeks or more receive regular contact from the Home Manager, Deputy or Senior Home Staff, as a minimum, on a monthly basis. Also, the Home Manager should inform and seek advice from the Deputy Chief Executive/ Chief Executive.

4.3 After a prolonged period of absence of 3 - 4 months, the Home Manager should begin to explore the likelihood of a return to work. Where necessary, consider the options of an alternative role at work, with reference to the **Disability Discrimination Act** - or the possibility of **ill health retirement**. The employee will be advised to contact their Trade Union representative at this stage.

4.4 It is essential in order to maximise the options available to employees on longer term sickness, that the employee co-operates with referrals to the Occupational Health Department and responds positively to requests for providing medical evidence. If an employee refuses to do so, they should be notified in writing that a decision will be taken on the basis of the information available and that it could result in terminating their contract.

## **5.0 Action for Employees Reporting Sickness/Absence**

5.1 The employee (or friend, relative) must inform the Home Manager or senior staff at the Home as soon as they become aware that they are unlikely to be fit to work.

5.2 Employees must certify their absence upon return even if certified by a GP, by completing a self certification form during the discussion with the Home Manager or Deputy.

5.3 Staff absent for up to and including seven **calendar** days, returning at the latest on the eighth day, do not need to supply a medical certificate from a doctor. **Absences over seven days will require a medical certificate.**

## **6.0 Disciplinary Action**

6.1 If any employee fails to promptly notify expected absence without good cause, or provide a medical certificate as required, the employee should be counselled on the first occasion - on subsequent occasions disciplinary action will be considered.

6.2 Unless there is a satisfactory explanation for failure to notify in accordance with this policy or to provide certification, the employee should not be paid for such days.

## **7.0 Sickness During Annual Leave**

7.1 An employee who is sick during annual leave may apply to convert annual leave to sick leave. To do so, they must produce a medical certificate from a doctor to indicate sickness during annual leave. Any charge will be borne by the employee. He/she should be regarded as being on sick leave from the date of the certificate. SSP will be paid for the fourth and subsequent qualifying days calculated as if present at work.

## **8.0 Staff Attending Courses**

8.1 Where staff attend courses, they must be made aware, that if they become ill during that course, they must inform the Course organiser and their Home Manager.

## **9.0 Home Manager Action**

9.1 On being notified of a sickness or injury, the Home Manager, deputy or senior staff should establish the following:-

- a) the first **full day** of incapacity for work.  
**(NB If the employee reports for work and becomes ill during the day, it is not counted as a day of incapacity)**
- b) When the employee is *likely* to return

9.2 **On the employee's return to work, the SSP 2 form** should be completed with the Home Manager or Deputy. This provides the necessary opportunity for an informal discussion to discuss the absence in a supportive way

9.3 The Home Manager/Deputy should sign to indicate that the employee's entries are checked and that the medical certificate is supplied where appropriate. The information recorded should indicate the actual number of **working days lost**.

9.4 If the employee is absent for **under three days** the SSP 2 form should be kept by the Home Manager and filed.

9.5 If absence is **over three days** a copy of the SSP 2 should be forwarded confidentially to the Finance Department.

9.6 For any absences over **seven days** where a medical certificate is required Form SSP 3 should be completed by the Home Manager and forwarded to payroll with the medical certificate.

9.7 If the employee is not entitled to Statutory Sick Pay, or their entitlement becomes exhausted, they will be forwarded by the Finance Department the relevant notification and advice on how to claim benefit from the Department of Social Security. The employee will **still be required to submit medical certificates** to cover periods of absence.

9.8 Where a member of staff has been absent long term, returns to work and then commences a further period of sick leave such that their entitlement to full sick pay may have been exhausted, the Home Manager should notify Payroll promptly to avoid overpayment being made.

9.9 When the member of staff is fit to return, if they have been in receipt of either half pay or their sick pay entitlement has been exhausted, the Home Manager must advise the Finance Department of the employee's return date **in advance**, and in line with payroll deadlines to ensure that pay is adjusted back to full pay.

9.10 The Finance Department will notify the employee directly, by letter, any changes in the employee's entitlement to sick pay.

## **10.0 Industrial Injuries**

10.1 If an employee claims that their absence is the result of an injury at work, they may be eligible to temporary or permanent industrial injury allowance.

10.2 The employee should apply to the Department of Work & Pensions for a statement that such an injury has occurred. In order to obtain a statement the employee should complete form Bl.95 (obtainable from the Finance Department) and forward it to the DWP.

## **11.0 MONITORING**

11.1 Effective monitoring of sickness absence is dependent on accurate recording systems. Good records will help to ensure that appropriate action is taken to respond to sickness absence and that this DRH policy is applied fairly and equitably.

11.2 Effective documentation of sickness absence will provide useful feedback to all team members.

11.3 Homes Managers will complete a monthly sickness absence form recording sickness absence for all team members. Completed forms will be accessible to the team and a copy will be sent to the Deputy Chief Executive.

## **APPENDIX ONE**

### **CODE OF PRACTICE FOR THE MANAGEMENT OF SICKNESS ABSENCE**

#### **1.0 INTRODUCTION**

- 1.1 This Code has been jointly agreed between DRH management and Trade Union representatives.
- 1.2 The Code is intended to benefit all staff by improving the way that DRH responds to employee absence.
- 1.3 Absence rates within DRH suggest that most staff are highly committed to service users and their teams. This Code is intended to support that commitment.
- 1.4 DRH recognise that all of us are likely to suffer health difficulties, which would make it unwise or impossible to attend for work. However, it is clear that there are significant variations in levels of absence among our staff and our Homes.
- 1.5 Ineffectively managed recurring sickness can lead to major long-term problems for the individual member of staff; for colleagues; for service users and for DRH.
- 1.6 DRH also recognises that acceptable levels of staff attendance are enhanced if staff feel valued and recognise the value of their own contribution to the work of the team.
- 1.7 Staff are responsible for making every reasonable effort to ensure that they are fit to undertake their contractual responsibilities.
- 1.8 All staff are responsible for ensuring that they report to their managers immediately they are aware that they will not be able to attend for work.
- 1.9 Staff should ensure that they only take sick leave when health issues genuinely prevent attendance at work. If other factors are involved (e.g. sickness in the family; domestic crisis) they should inform their manager and request appropriate leave.
- 1.10 This Code recognises that successful management of sickness absence will include:
  - Accurate recording and monitoring of sickness absence
  - A sympathetic and supportive approach to genuine ill-health
  - An understanding of the implications of short-term absences for colleagues and service users
  - Comprehensive review process for responding to staff with high levels of sickness absence
  - Clear "trigger" thresholds for applying review process

## 2.0 MANAGEMENT REVIEW

- 2.1 Home Managers will initiate an absence review with any member of the team when their sickness absence meets one or more of the following criteria:
- 3 or more separate absences in the previous 3 months**
  - 6 or more absences in the previous 12 months**
  - Intermittent absences amounting to 10 days in the previous 12 months**
- 2.2 Prior to a review, managers should attempt to differentiate sick leave into the following categories of absence:
- A one-off absence (e.g. minor operation)
  - A series of absences due to one diagnosed cause
  - A serious long-term illness
  - Absences due to minor (apparently) unrelated illnesses
- Managers should also identify any particular patterns of absence (e.g. frequent absences preceding or following days off!)
- 3.3 This review will include the following:
- Discussion with the employee of their attendance record and reasons for non-attendance (taking into account the type of absences)
  - Exploring whether there is an underlying and continuing medical problem that needs investigating by the G.P. and/or Occupational Health physician.
  - Consideration of any domestic or lifestyle issues that may have contributed to absences.
  - An opportunity to consider problems at work that may have resulted in non-attendance (e.g. poor inter-personal relationships; bullying; low staffing levels etc.)
  - Identification of any help, which the manager can give to address, identified problems.
- 2.3 General notes should be kept of each review and an action plan agreed where this is deemed to be appropriate. A copy of the action plan should be kept by manager and individual member of staff. A review follow-up meeting should be booked. A copy of the agreed action plan should be sent to the Deputy Chief Executive.
- 2.4 In all cases, the employee should be told what improvement in attendance is expected and warned of the likely consequences if this does not happen.

## 3.0 FURTHER ACTION

- 3.1 **Return to Work Interviews.** The Home Manager or Deputy should talk to any member of staff returning to work after any period of sick leave. They should confirm the precise cause of the absence and ensure that the staff member is fit to resume their duties.
- 3.2 Staff on extended sick leave should ensure that their managers are regularly updated regarding their progress and likelihood of a return to work. Managers should get in touch with the member of staff if this contact is not maintained.
- 3.3 **Referral to the Occupational Health Department.** Managers should refer staff to the OHD in the following circumstances:
- Serious long-term illness (6 weeks or more)
  - A series of absences due (or possibly due) to one underlying cause

- ❑ Persistent intermittent absences due to minor, apparently unrelated illnesses (see para. 3.4 below)
- ❑ Following a return to work after a period of 3 weeks or more absence

An OHD referral is intended to provide the following information:

- ❑ When the employee is likely to return to work or whether the employee is likely to return to work at all.
- ❑ An assessment of the need to make adjustments to the job in order to facilitate a return to work (e.g. job adaptation, changes to working hours or the working environment)
- ❑ An assessment of the individual's fitness to resume duties.

3.4 **Persistent Absences due to minor unrelated illnesses:** When there is no medical advice to support frequent self-certified absences (10 or more days in the previous 12 months) the manager may advise the individual concerned to consult a doctor (usually Occupational Health Physician) to establish whether medical treatment is necessary and whether the underlying reason for absence is work related.

3.5 If after investigation it appears that there were no good reasons for the absences, the matter should be dealt with under the disciplinary procedure.