

**SICKNESS ABSENCE
MANAGEMENT
PROCEDURE**

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General Principles

- The principles of this procedure are designed to encourage full attendance and the proper management of sickness absence.
- Best results are likely to be achieved where the employees, unions and management are committed to local procedures and have a commitment to occupational health. This Handbook has therefore been agreed with Unison, Ucatt and the AEEU.
- Sickness absence must be viewed within the broad context of an employer's obligation to ensure the health, safety and welfare of all employees and the organisational factors which may affect sickness absence levels.
- Contact with the employee during a period of sickness absence is primarily out of concern for the employee's welfare and not a method for pressurising the employee into returning to work when not fit to do so.
- Employees are entitled to expect fair and consistent treatment and it is important that they have a thorough understanding of the Council's procedure in relation to managing sickness absence. For new staff, this will form part of the first day induction session with their manager. Existing staff reaching trigger levels will be reminded of the Procedure and given a copy of the relevant information.
- Managers and Supervisors are equally expected to be fair but firm in dealing with abuse of the system.
- As an equal opportunities employer with a commitment to the employment of people with disabilities it is essential that Managers and Supervisors reach a decision on each case on its merits by taking account of all the circumstances. People with disabilities will not be singled out or discriminated against on health grounds and every effort will be made to ensure that the good and fair practices specified in this Procedure are carried out.
- Monitoring systems are required to provide key information necessary for managing sickness absence effectively and these will comply with the principles of the Data Protection Act and the Human Rights Act. Monitoring will aid good practice by providing data on the pattern, frequency and length of absences for individual and group comparison purposes.
- Essentially, sickness absence is an employment rather than a legal issue. However, when dismissal is considered, there are important employment law considerations. Employers must follow good practice to ensure that systems are appropriate for managing absence effectively and that any eventual dismissal which results from this process is 'fair' under general employment law. In order to ensure that any sickness related dismissal is fair, employers need to demonstrate that they have been 'reasonable' in dismissing an employee. This means that all relevant facts in the employee's individual case must be considered and that the established procedures must be followed.

- These must include:
 - communicating with staff throughout their absence
 - consultation with the employee about their absence and allowing them to put forward their case and the likelihood of the length of absence, ensuring that representation is offered at appropriate stages.
 - using management information such as monitoring statistics, interview findings and relevant medical advice.
 - treating medical advice as part of the wider management picture.
 - management applying appropriate interpersonal skills and techniques including employee counselling.
 - procedures to incorporate an individual approach.

This Procedure incorporates all of these principles and is designed to ensure that Managers follow 'best practice' at all times in the management of sickness absence.

Confidentiality

Throughout the sickness absence procedure the need to maintain confidentiality is of paramount importance. All staff have a personal responsibility for ensuring that information they receive remains confidential whether it is written or verbal, or received directly or indirectly.

Information gained regarding an employee's health during any verbal communication should not be released without the consent of that employee. Where a colleague visits an employee at home, they should not give information about the reasons for the sickness absence to other colleagues. Confidential information should not be disclosed to other members of staff unless there is a genuine 'need to know'.

Confidential information related to an employee's sickness absence should not be discussed in an area where it can be easily overheard and this also applies to Return to Work interviews and Counselling sessions.

Access to confidential written communication such as letters, memos, reports and notes of interviews should also be limited to those who 'need to know'. Medical certificates are confidential documents, as are details of an employee's sickness record, and these must be stored securely.

All sickness documentation should be held on the employee's personal files within the HR Service and Payments Section.

Unwarranted disclosure of confidential information may result in disciplinary action being taken against those persons responsible.

Under the Data Protection Act, sickness records are 'sensitive personal data' and the processing of sickness absence data will only be under restricted and specific circumstances. Additionally, under the Human Rights Act, health issues are part of an employee's private life and when dealing with these issues the least intrusive action should be chosen.

Occupational Health Service

Decisions concerning the handling of an employee's sickness absence are essentially managerial decisions and not medical ones but it is important that steps have been taken to obtain up to date medical information to enable an informed decision.

Enquiries need to be made to determine whether there is an underlying reason for the absence, what the prospect for recovery is and what type of work the employee will be capable of.

The Council employs an Occupational Health Service which offers the services of trained Occupational Health Specialists who act as Medical Advisers to the Council. The service is comprehensive and as well as providing advice and information on medical conditions it can be used to take a more proactive role in health education by providing advice on health related issues such as diet, stress, bereavement, depression, substance abuse and lifestyle.

In line with Government guidance the Council reserves the right to act on advice provided by the Occupational Health Physician in preference to that provided by the employee's GP or other medical practitioner where we feel it is appropriate.

Pre-Employment Screening

The first step in controlling sickness absence is to reduce the risk of recruiting people who will be poor attenders whilst having regard for Equalities legislation. During the recruitment process information is sought on the applicant's previous attendance record both through the individual completing the Equal Opportunities Monitoring Form and through clarification of this information from referees.

All offers of employment are subject to a satisfactory medical assessment and can only be confirmed once this has been received. Once a provisional offer of employment is made, candidates are required to complete an on-line confidential health questionnaire form .

The aim of the questionnaire is to identify any medical condition that may affect that person in carrying out the duties of the job for which they have applied. If an employee is found at a later stage to have deliberately provided false information on this questionnaire, their contract of employment may be terminated.

Once a candidate has accepted an offer of employment their sealed questionnaire is sent directly to the Occupational Health service for assessment. Should there be any omissions or areas of concern, the Occupational Health service will advise the HR Service that they will need to discuss the situation with the individual and may also need to carry out a full medical assessment. The Occupational Health service will then advise the HR Service whether the person is fit for the type of work offered. If the indication is that the person is not fit, the offer of employment may be withdrawn.

The Occupational Health service is not required to disclose the nature of any medical problem or treatment received by the candidate to the Council.

Medical Referrals

As part of the process of managing sickness absence it may be necessary to refer an employee to the Occupational Health Specialist. Decisions regarding the employee's continued employment within their role should only be made with up to date medical advice

There are three basic reasons for having medical examinations carried out by the Occupational Health service and these are :

- 1) To consider medical fitness for the job.
- 2) To examine any adverse effect of work and working conditions on health or to advise where work methods or conditions should be altered.
- 3) To advise on whether the employee would be considered as disabled under the Equality Act..

Medical referrals are integrated within the procedure for managing sickness absence but are also used in the following situations:

- Staff who are causing concern because of excessive absence or poor work performance which may or may not be health related.
- Staff who suffer an attack of ill-health or serious symptoms of an underlying medical condition whilst at work.
- Staff who feel that health condition (whether causing absence or not) is related to their working conditions.
- Staff who are being considered for early retirement on grounds of ill-health.
- Staff whose fitness to return to employment after sick leave or an accident is in doubt.

The medical referral forms are completed by the HR Adviser/ Partner and forwarded to the Occupational Health service. Once a report is received, copies are normally provided to the employee unless the report contains sensitive information that is not suitable to be shared with the employee.

The Access to Medical Reports 1988

Referrals to the Occupational Health service will only take place when it is necessary to obtain medical advice. When the Council seeks medical advice it should conform to the requirement of the Access to Medical Reports Act 1988.

The Access to Medical Reports Act 1988 is concerned with reports provided for employment or insurance purposes by a medical practitioner in respect of an individual for whose clinical care they have responsibility. The individual's consent is

required before their GP or consultant can provide information about them. Employees should be fully advised of their rights under the Act as follows:

- Their consent is required for the Occupational Health service to apply for a medical report from the employee's GP or specialist.
- They are entitled to have full access to the content of the report. Where the employee indicates that they would like to see the report before it is provided to the Council's Occupational Health Adviser, the individual must make the necessary arrangements with either their GP or their specialist to see the report.
- Their right not to agree to the medical report being requested. However in these circumstances decisions will have to be made on the state of the employee's health on the facts available to the Occupational health Adviser at the time.

Where the employee refuses to co-operate in providing medical evidence or to undergo a medical examination, the employee should be told in writing that a management decision will be made on the basis of the information available and that this decision could determine their continued employment .

The Consent Form (**Appendix 1**) advises the employee of their access rights under the Act and gives the individual the opportunity to state that they wish to see the report before it is supplied to the employer.

The access rights are that:

- Where the individual has indicated to the employer that they wish to see the report first, the medical practitioner (GP) must give the individual 21 days to make arrangements to see the report before supplying it to the employer's Medical Adviser.
- The individual can request that the medical practitioner (GP) amend any part of the report that they consider to be inaccurate or misleading.
- Where there is a difference of opinion and the medical practitioner declines to amend the report, the employee may attach a written statement to the report giving their views on its contents.
- Where the individual has seen the report, the medical practitioner must receive the individual's express consent before it can be supplied to the employer's Medical Adviser.

If an individual refuses to give consent to contact their medical practitioner, the Council's Medical Adviser will form an opinion on their health and a decision will be based on that opinion. If an individual refuses to be referred to Occupational Health, an independent occupational doctor can be used. If the individual refuses this course of action, disciplinary action may be taken or an employment decision may be made without any further health information.

If an individual is referred to the Council's Medical Adviser but disagrees with their opinion, a second opinion may be sought from an independent occupational doctor.

If the outcome of a referral indicates that the employee is unfit for the work they are currently undertaking and no return date is indicated, alternative employment should be considered. Advice can be sought from the Council's Medical Adviser on what type of work may be suitable and whether any adaptations will help.

Alternative employment should be considered within the Council if lighter duties or duties of a different nature are recommended however redeployment can only occur if a suitable vacancy is available. If redeployment is not an option, medical termination may be necessary either through ill-health retirement or termination of employment. Ill-health retirement is an option to be considered by the Council's Medical Advisor for pension scheme members and an independent Medical Adviser is required to certify that the individual is permanently unfit for their duties. Once the certificate is signed, notice is given and employees who are members of the Local Government Pension Scheme become eligible for any entitlements that they may have accrued or been awarded under this Scheme, at the same time being advised of the Council's appeals procedure.

Sickness Absence Reporting Procedure

The reporting of sickness absence is of fundamental importance to the successful operation of this procedure and it is essential that all staff follow the process outlined below.

New employees are issued with a copy of the Sickness Reporting Procedure within their Starter Pack which clearly explains the procedure for reporting sickness absence. It is also explained in the Staff Handbook contained in the Starter Pack and it is discussed during their first day induction.

First Day

On the first day of sickness absence the employee must make arrangements to contact their Manager to authorise their absence within an hour of their normal starting time. The employee should state where possible the nature of their illness, its possible cause, and the expected duration of the absence. It is expected that the individual makes this contact in person with their Manager or Supervisor unless unable to do so. If the Manager is not available the employee should contact another appropriate person and the Manager can ring back to find out more information.

Some services have local arrangements for absence reporting due to operational requirements and these may include reporting any sickness absence prior to the normal starting time. Employees will be made aware of these arrangements as part of their first day induction process.

Employees who attend work, but who, during their working day become too unwell to continue must contact their Manager to advise them that they are unable to remain at work. The Manager will then follow the same procedures for the first day of sickness absence.

On notification of absence the Manager should arrange for a First or Fourth Day Sickness Absence Notification Form (**Appendix 2**) to be completed. This is a duplicate form which is passed to the HR Service, the Payments Section and the Health and Safety Officer. Statistical information on absence levels is passed to the appropriate Health and Safety Committees.

Sickness absence for employees working part-time hours over less than five days per week will be recorded on a pro-rata basis. Sickness absence for employees working irregular hours or on a rotad shift basis will be calculated on the number of shifts missed for the purposes of the procedure.

Fourth Day

On the fourth day the employee must contact their Manager again within an hour of their normal starting time if they are still too ill to attend work. This represents a period of four consecutive days and includes weekends, days off and Bank Holidays.

Again, the First or Fourth Day Sickness Absence Notification Form should be completed.

Eighth Day

If an employee remains absent for more than seven consecutive days they must see their doctor and obtain a medical certificate which must be sent to their Manager without delay.

For continuing absences, medical certificates must be sent by the date when the existing period of certification ends.

Where an employee has been on sick leave for a period of eight days or more, they should contact their Manager prior to returning to work to advise them of their intention to return.

Failure to report

The reporting procedure must be complied with in all cases. Where correct procedures are not followed, the absence may be treated as unauthorised and dealt with accordingly. Failure to phone in by the required time on the first and fourth day, or to provide doctors certificates on time are all issues of unauthorised absence. Individual circumstances and any relevant factors will be taken into account when considering appropriate action.

Unauthorised absence cannot be authorised at a later date by submitting a backdated certificate as prior permission is required from the employer to be absent and therefore receive occupational sick pay. Managers do, however, have discretion to restore the sick pay of unauthorised absences if the employee can prove genuine sickness and has a good reason for not complying with the reporting procedure.

Staff who do not follow the reporting procedures will have their pay withheld in the first instance although it is essential that attempts are made to contact the individual before taking this step. On the next occasion of an unreasonable failure to follow reporting procedures, disciplinary action may follow.

Return to work meeting

On their return to work the Manager will arrange to meet with the employee to complete a self-certification form and to discuss the reason for the absence. The Manager must be satisfied with the reasons for the absence before countersigning the self-certificate form which is sent to the Payments Section. It is the Manager's responsibility to ensure that the form is completed and signed and a self-certification form must be signed irrespective of whether medical certificates have been provided.

In all cases the reasons for the absence must be discussed and this should be done in private in an informal and helpful manner. If the Manager is not available, an appropriate senior colleague should carry out the meeting on their behalf. In this latter situation the employee's wishes should be respected if they do not wish to discuss their sickness with that nominated person and arrangements should be made with another appropriate Manager who is acceptable to the individual. The employee has the right to be accompanied at this meeting.

The meeting must be held at a location appropriate to a confidential discussion. The objective of the meeting is to:

- Welcome the employee back to work and enquire about how they are feeling on their return to work.
- Establish the reasons for the absence and complete the self certification form.
- Provide the individual with an opportunity to present any explanation or information concerning the absences which the Manager may not already be aware about.
- Review the individual's sickness absence record and to obtain the employee's agreement that the record is correct.
- Discuss whether the illness is likely to recur and if further time off for treatment is necessary.
- Try and establish whether or not a single underlying medical condition exists which is causing the absence.
- Enable the Manager to give support in the event that an ongoing health problem is identified and to ascertain whether any advice or guidance from the Council's Medical Adviser might be helpful.
- Establish whether the employee requires any further advice or counselling.
- Check that the employee is ready to work normally again or whether a transfer to lighter duties for a short period is appropriate.
- Make the employee aware of any changes that have occurred during their absence.

- Ensure that the employee is aware of and understands the Council's Procedure on sickness absence management. Where the employee is nearing trigger levels of absence they should be advised of the formal procedure which may be used to deal with any further instances of sickness absence with copies of the relevant procedure provided.
- Reinforce the importance of the employee's contribution to the organisation.

In cases where an employee either:

- Refuses to explain their absence,
- Provides an unsatisfactory reason for their absence,
- Is known to have pursued secondary employment during the absence not conducive to their recovery during their absence,
- Is known to have pursued activities not conducive to their recovery during their absence,

these should be dealt with under the Council's Disciplinary Procedure. However these situations should be investigated carefully as, for example, an individual with a second employment may be capable of one job but not the other due to the nature of their illness. Similarly, some leisure activities may be beneficial to the employee's health and may not necessarily indicate that the employee is fit to resume work.

A doctors certificate advising that the employee is fit to return to work is required where the employee has been suffering from a notifiable disease (refer to Health and Safety Policy under RIDDOR) or where the employee is handling food and has been suffering from:

- Typhoid
- Salmonella infection
- Amoebic or bacillary dysentery
- Staphylococcal infection likely to cause poisoning, enteritis, diarrhea, boil, whitlow, carbuncle, abscess, eye or ear infections, impetigo or sore throat.

Where the employee is required to provide certificates and is charged by their doctor for this, the employee will be reimbursed by the Council on the provision of a receipt.

The NJC Sickness Scheme

The National Joint Council Sickness Scheme for Local Government employees is to supplement Statutory Sick Pay (SSP) by the payment of allowances during absence from work through sickness, disease or disablement, but not attributable to the employees own misconduct.

This national scheme has been integrated into our local contracts of employment and within those areas of the Council where bonus schemes exist there may be other pay implications when sickness absence has an effect on the amount of bonus payment made.

Under the NJC Sickness Scheme, within any span of 12 months payment of allowance is:

During first year of service (service)	1 month full and (after completing 4 months 2 months half pay.
During second year of service	2 months full pay and 2 months half pay
During third year of service	4 months full pay and 4 months half pay.
During fourth and fifth year of service	5 months full pay and 5 months half pay
After 5 years service	6 months full pay and 6 months half pay

Service refers to all Local Government service and is not restricted to Guildford Borough Council service.

For occupational sick pay entitlement record purposes 'one month' shall be deemed to be equivalent to 26 working days, Saturday being reckoned in all cases as a working day and Sundays being excluded.

Normal Earnings

Payment of full pay is based on normal earnings which excludes overtime, standby payments and bonuses. Where an employee is receiving an honorarium or temporary increase in pay this must have been in place at least 4 weeks on the day prior to the beginning of the absence for it to be considered as normal earnings.

Sickness During Bank Holidays

During a period of sickness absence which includes a Bank Holiday, the Bank Holiday is paid as normal sick pay. Once the entitlement to pay is reduced or exhausted, the Bank Holiday entitlement can be taken in lieu.

First day absences do not begin on a Bank Holiday where the employee is not contracted to work on that day.

Sickness and Annual Leave

If an employee is sick during a period of annual leave the normal reporting procedure applies (if this is not possible, a medical certificate will be acceptable) and the annual leave will then be altered to sickness absence.

Sickness and Probation Periods

During the probation period of new employees their sickness absence level should be carefully monitored as part of the general performance assessment and any concerns should be recorded on the probation reports and discussed fully with the employee.

If the level of sickness absence has reached trigger levels during the probation period, consideration should be given to either extending or terminating the probation period.

Industrial Accident

Normal rules for payment of sickness absence apply except that bonuses may be paid on an average of those received over the last three months.

Any period of sickness absence taken as a result of an industrial accident will not count towards the future calculation of the number of sickness absence days in any 12 month span.

Temporary Staff

Reference will need to be made to the individual's contract of employment but generally long term temporary staff (ie more than three months) will be eligible for payment for sickness absence under the normal rules of the scheme.

Short term temporary staff (ie. contracts of three months or less) are normally specifically excluded from the Sickness Absence Scheme and will be eligible for Statutory Sick Pay only during any sickness absence under the normal rules for Statutory Sick Pay.

Statutory Sick Pay

Statutory Sick Pay (SSP) is the minimum level of sick pay paid to employees who are off work for 4 or more calendar days in a row. However, employees who are covered by payment under the NJC Sickness Scheme will receive occupational sick pay in place of SSP. Once entitlement to full payment under the NJC Scheme is exhausted, employees will receive SSP in accordance with these guidelines.

SSP is paid to employees who are aged 16 or over and under 65, who are off work for four or more days in a row (a Period of Incapacity for Work) and who, in the eight weeks prior to being off work, have average weekly earnings of not less than the lower earnings limit for the payment of National Insurance contributions. It is paid for a period of up to 28 weeks.

Liability to pay SSP ends when either:

- The employee returns to work.
- The employee leaves.
- The employee ceases to provide doctor's certificates.
- The maximum 28 weeks payment have been made in any one Period of Incapacity for Work.

If the employee has had an earlier period of sickness within the 8 week period prior to this spell, the Period of Incapacity for Work is linked with the previous Period of Incapacity for Work and there is no requirement to wait for a period of 4 days before payment of SSP is made.

The lower earnings limit and the weekly SSP rate increase on 1 April each year and the current rate is available from the Payments Section.

The daily rate of SSP is the weekly rate divided by the number of qualifying days in the week. Qualifying days are the days of the week that are normally worked ie. the usual work pattern for that employee.

Sickness Absence Management Procedure

Different patterns and duration of sickness absence need to be managed by different approaches and will be dealt with according to the procedures relevant to that category of absence. The 'triggers' for the categories are:

- **Regular Short Term Absence** - these occur when an employee has been absent from work on 5 or more occasions, or on 3 occasions totaling at least ten working days within a period of 12 consecutive months. When an employee has been absent from work for a total of 20 working days in this period, this absence is then treated as having reached a 'significant' level.
- **Long Term Absence** - where an employee has been or is expected to be absent from work for between 4 - 6 weeks.

Some absences will be excluded when assessing the employee's level of sickness absence including half day absences, hospital appointments, medical investigations, fertility treatment and illness during pregnancy. Flexibility is required in approach as a pattern of sickness may change over a period of time, for example one occasion of short term absence following a period of long term absence does not fall under the trigger for Regular Short Term Absence.

Managers monitor their own staff's sickness absence levels through their access to the computerised employee records and will initiate the absence management procedure when 'trigger' levels are reached. This will be communicated to the employee at the return to work interview.

Managers will need to consider the individual circumstances of the case including:

- The frequency and duration of episodes of absence.
- The reasons for the absence.
- The nature of the duties undertaken.
- The effects on service provision.
- Any work 'issues' relating to the employee.
- Whether the employee is currently being monitored following a Stage 1 or Stage 2 meeting.

Where further medical investigation is appropriate, this will be carried out by the Council's Occupational Health Medical Adviser and managers will be advised once a report has been received.

Throughout the Sickness Absence Management Procedure there are stages where meetings are required to review an individual's sickness absence. During these meetings (with the exception of sickness hearings), a Sickness Absence Record Sheet (**Appendix 3**) should be completed and this provides a record of the issues discussed and the action agreed. Copies of this record are provided to the employee and to the manager with a copy also sent to the HR Service to be placed on the employee's HR file.

Regular Short Term Absence

Employees incurring 5 occasions or a total of 10 days on three or more occasions within any period of one year should be reviewed as soon as practicable.

Once this 'trigger' level has been reached, the employee should be advised of this by their Manager during the return to work meeting. Once the Manager has advised the employee they will need to then arrange a first stage meeting with a manager more senior than themselves and write to the employee (**appendix 4**) with details of the arrangements and offering the right of representation. The employee should be given at least 5 working day's notice of the meeting.

Stage 1

This meeting should be in the form of an informal discussion where management will express their concern and encourage the individual to discuss any problems. The possibility of any underlying reasons for sickness absence, such as domestic problems or difficulty with the job itself, should be explored. The meeting is not about challenging the reasons for sickness or disputing that genuine sickness exists. It is concerned with eliciting any information which may assist the employee to improve attendance, whilst at the same time advising the employee that there is a limit to how much lost time the Council can sustain.

The objectives of the meeting are to:

- Review the attendance record of the employee.
- Ensure that the information on the sickness absence record is accurate and that the employee agrees with the facts.
- Give the employee the opportunity to discuss the reasons for their absence.
- Review any previous efforts to assist the employee and to discuss any further assistance that may be possible to help reduce the level of absence.
- Explain to the employee the difficulties created in service provision for colleagues and management arising from their absence.
- Explain the procedure for managing Regular Short Term Absence (issue the flow chart).

In cases where the employee's sickness absence level has reached 20 days in a 12 month period, this will be treated as a significant level of absence and the employee will be referred to the Council's Medical Adviser to enable the Authority to gain advice and further information regarding the employee's health problems. In this case you will need to involve an HR Adviser as the referral process will need to be explained.

The Stage 1 meeting will be conducted by a manager more senior than the immediate Line Manager and the attendance record will be considered in conjunction with any additional information provided by the Line Manager. The Manager will examine the circumstances of the absence, any medical or welfare assistance which may be of help and the effect on the employees duties. Where a personal or domestic difficulty is perceived as the cause of poor attendance the Manager should discuss this with the employee and encourage appropriate advice and guidance to be sought.

If the employee has hit significant levels of sickness absence (20 days in 12 months) or if the employee suggests that an underlying medical problem is or may be a contributory factor, an HR Adviser should be involved in the meeting as the employee should be referred to the Council's Medical Adviser. The meeting should then be adjourned until medical advice has been received.

In all other cases, as the level of attendance is considered unsatisfactory, the employee is informed that an improvement is required and that further monitoring will take place over the following three months. The employee should be advised of the procedure that will be followed should they fail to improve their attendance levels during the three month period.

The Manager should complete a Sickness Absence Record Form (**Appendix 3**) during the meeting and provide a copy to the employee and to the HR Service.

Monitoring period

The employee's sickness absence levels should then be monitored closely by the Manager over the three month period. If after three months satisfactory improvement has resulted, the Manager should have a review meeting with the employee and advise them accordingly. The employee should also be advised that if this improvement is not maintained for the following twelve month period they may be referred on to the next stage of the procedure.

Where there is no satisfactory improvement in the level of short term absences either during or by the end of the three month monitoring period, the Manager will need to advise the employee that they will progress to a Stage 2 meeting. The Manager should contact their HR Adviser/Partner to arrange a Stage 2 meeting.

Stage 2

This will be a more formal meeting where the employee meets with their Executive Head of Service or, in some cases, their Head of Service with the Manager or Head of Service attending to present the sickness absence record and the outcome of the Stage 1 meeting. An HR Advisor/Partner will also attend.

The HR Adviser/Partner will write to the employee advising them that they are required to meet with their Executive Head of Service or Head of Service and giving them five working days notice of the meeting. The letter will inform the employee of the purpose of the interview and advise them of their right to be accompanied by a trade union or other representative.

At this meeting the Executive Head of Service or Head of Service will examine the circumstances of the absence and any medical or welfare assistance which may be of help which has not been previously identified. The employee will be referred to (or referred back to) the Council's Medical Adviser to determine whether an underlying medical problem may be a contributory factor and the meeting adjourned until medical advice is obtained unless recent medical advice has already been provided by the Occupational Health service.

At the Stage 2 meeting, or reconvened Stage 2 meeting, the Manager will discuss the outcome of the medical referral and any resulting issues will be addressed. The employee is informed that an improvement is required and that further monitoring will take place over the following three month period. At this stage the employee will be warned that should there be no satisfactory improvement in the level of attendance over the monitoring period, they will progress on to a Stage 3 meeting where the Executive Head of Service will decide on appropriate action which may include dismissal from the Council's service.

The HR Adviser/Partner will complete a sickness absence record form during the meeting and provide a copy to the employee and to the Manager. Should at any stage of the procedure this action seen to be entirely inappropriate, the interview should not be held and reasons for this recorded.

Monitoring period

The employee's sickness absence levels should then be monitored closely by the Executive Head of Service or Head of Service over the three month period. If after three months satisfactory improvement has resulted, the Executive Head of Service or Head of Service should advise the employee accordingly. The employee should also be advised that if this improvement is not maintained for the following twelve month period they may be referred on to the next stage of the procedure.

Where there is no satisfactory improvement in the level of short term absences either during or by the end of the three month monitoring period, the Executive Head of Service or Service Unit Head will need to advise the employee that they will progress to a Stage 3 Hearing. The Manager should contact their HR Adviser/Partner to arrange a Stage 3 Hearing.

Stage 3 - Hearing

This will be a formal Hearing where the employee meets with their Executive Head of Service with the Head of Service attending to present the sickness absence record and the outcome of the Stage 2 meeting. An HR Adviser or Partner will attend.

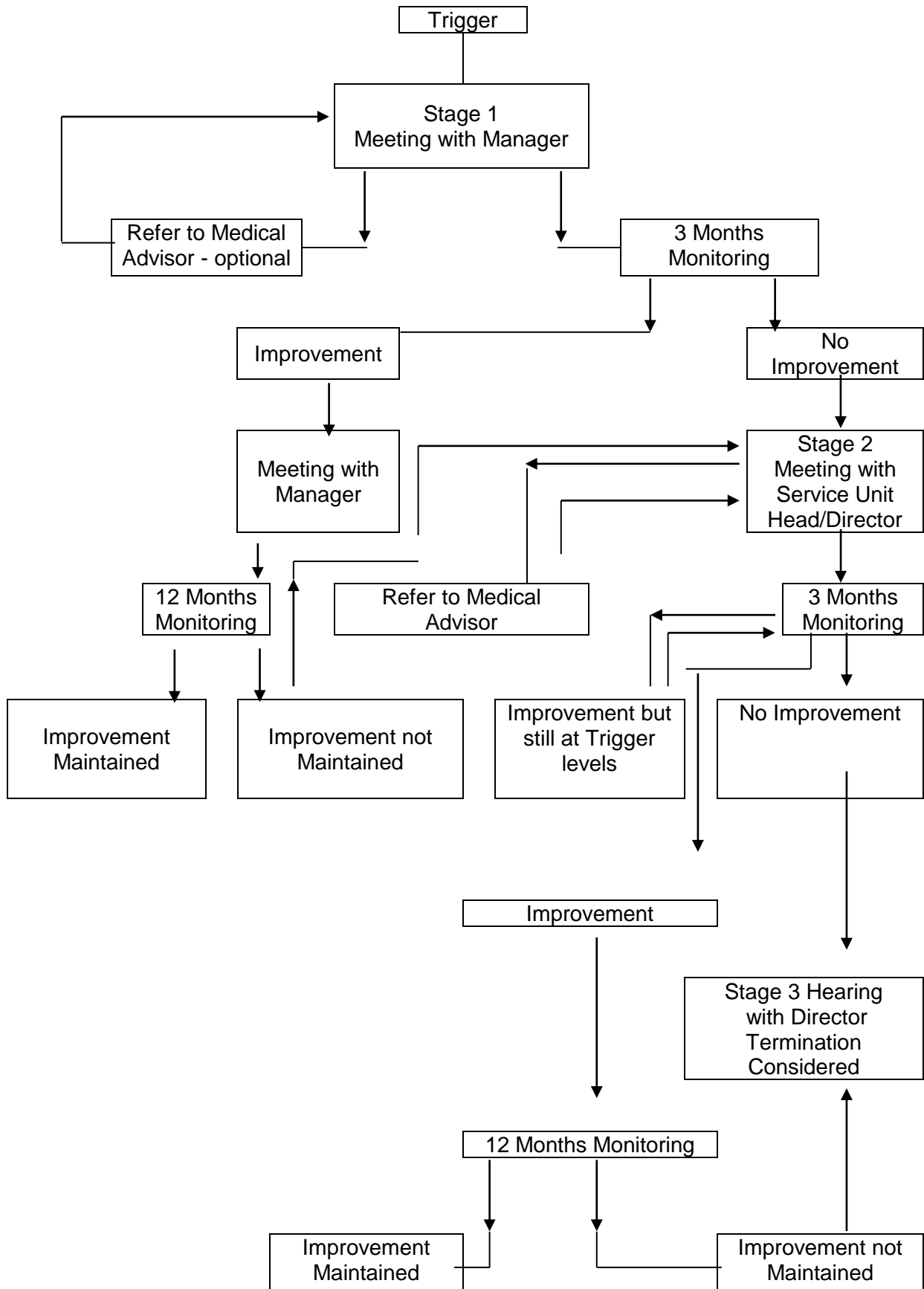
The HR Adviser/Partner will write to the employee advising them that they are required to attend a hearing with their Executive Head of Service and giving them five working days notice of the meeting. The letter will inform the employee of the purpose of the interview and advise them of their right to be accompanied by a trade union or other representative. Notes will be taken by the HR Advisor/Partner for the record, the employee or their representative may take their own notes if required.

At this review meeting the Executive Head of Service will examine the circumstances of the continued high level of sickness absence and any medical or welfare assistance which may be of help which has not been previously identified.

The employee will again be referred to the Council's Medical Adviser to gain further medical advice and the meeting adjourned until this advice is obtained, unless recent medical advice has been received from the Occupational Health service.

At the Hearing (or the reconvened Hearing) the Executive Head of Service will discuss the outcome of the medical referral and any resulting issues will be addressed. The Executive Head of Service will consider whether continued employment is appropriate and sustainable and may decide to either implement a further review period or terminate the employment.

REGULAR SHORT TERM ABSENCE



Long Term Absence

Long term absence cases are those where an employee has been absent for 4 weeks or it is known that the individual is likely to be absent for this period.

The immediate Manager should maintain monthly contact with the employee during the absence to reflect the genuine concern of the employer and to understand the nature and progress of the illness. The employee should also be advised of the need to provide medical certificates and any pay implications where full pay is exhausted. Support and assistance should be offered at every opportunity.

Once a period of absence reaches 4 weeks a home visit should be arranged, unless there is a need to visit earlier, with the Manager and, if required, an HR Adviser/Partner. A letter should be sent (**Appendix 5**) either by the Manager or the HR Adviser/Partner giving at least 5 days notice. The employee can request that the meeting is altered to a date convenient to themselves and that the visit is held at work rather than in their home. The employee will be offered the right of representation at each stage of the process.

A referral to the Council's Medical Adviser should be made and the referral process should be explained during the home visit. Information should be gained from the employee on the condition, the symptoms, the treatment and the likely timescales of recovery.

The Medical Adviser will provide information on the present health of the employee and fitness for work and will continue to monitor the individual's progress. Medical reports received from the Occupational Health service will assist in deciding appropriate action and options could include:

- A return to work at an agreed date with no further action.
- Reduction in hours on a permanent or temporary basis or return to 'lighter' duties for an agreed period of time (a phased return to work plan is required).
- Change of employment if permanently unfit for current post.
- Ill-health retirement due to permanently being unfit for work.
- Adaptation to job or working environment.
- Counselling.
- Dismissal on the grounds of capability due to poor health.

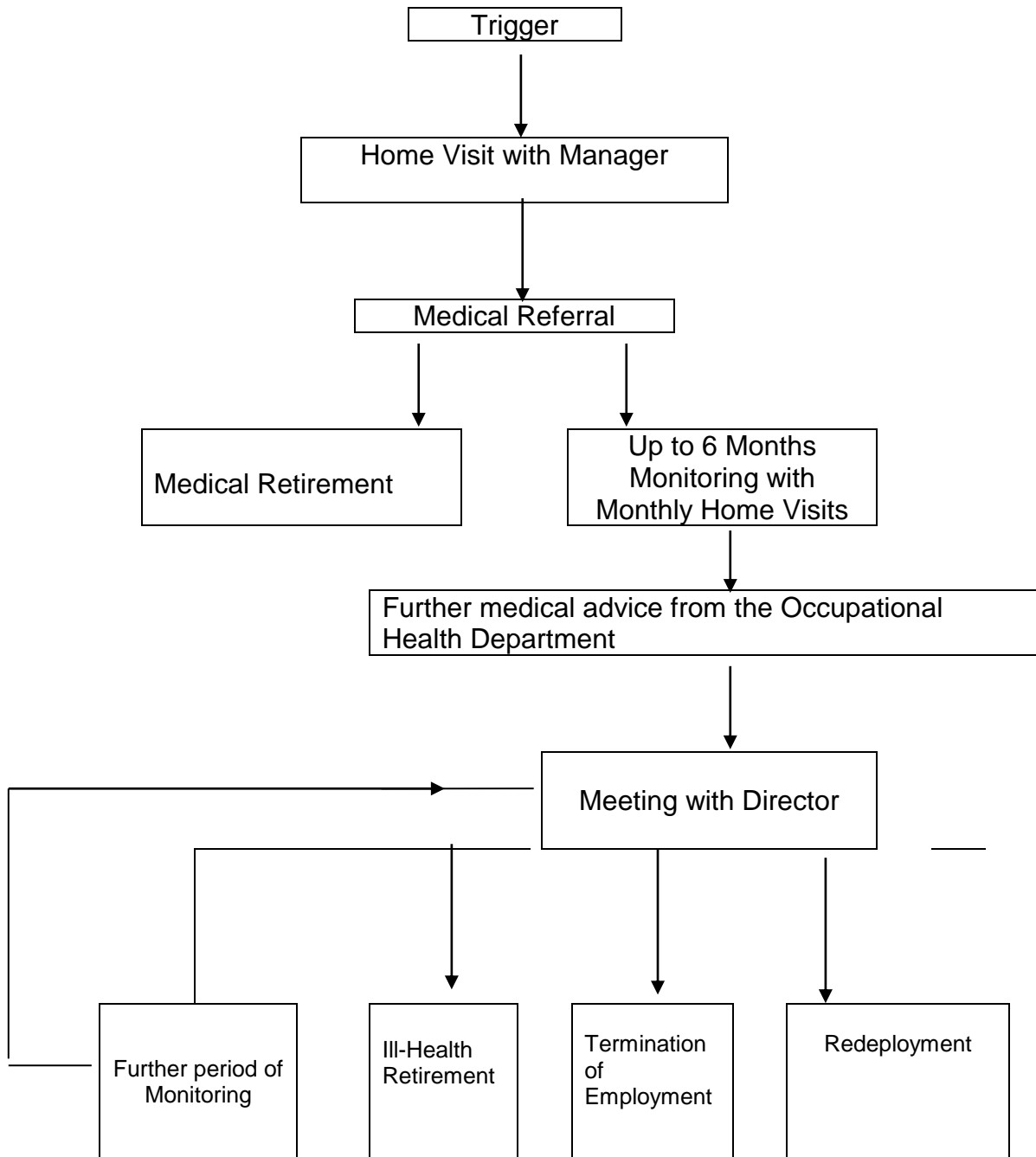
In most cases, the employee is able to return to work within a reasonable time period however in some cases, it becomes clear that the employee is permanently unable to undertake normal duties on medical grounds. Redeployment into a more suitable role should be considered (see Redeployment Page 27) and advice should be sought from the Council's Medical Adviser on the type of employment that is likely to be appropriate for the individual. Alternative employment should be considered, particularly where the employee's condition falls within the definition of a disability and is therefore covered under the Equality Act. This Act makes it unlawful to discriminate against a disabled person in any aspect of employment for a reason connected with their disability. As part of this protection the employer has a duty to make reasonable adjustments and must take reasonable steps to prevent any aspect of the work premises or employment arrangements causing disadvantage to a disabled person in comparison to a non disabled person. Reasonable adjustments would include specialist equipment, redesigned access or altering some

aspects of the employees duties where possible and further advice would be given by the HR Service.

Once the Council's Medical Adviser has certified the employee's incapability and redeployment is not suitable, the Director (or a delegated senior manager) will consider the options available including retirement on medical grounds (subject to approval from the Managing Director) and ill-health capability dismissal.

If dismissal is looking probable, a sickness Hearing will be arranged by the HR Adviser which will be held by the Director (or a delegated senior manager) with the manager of the service presenting the facts of the case. An HR Adviser or Partner will advise the Director or senior manager. The Director or senior manager should review all of the information presented and give the employee the opportunity to discuss their case. At the Hearing the Director or senior manager will discuss the medical advice received from the Council's Medical Adviser and will consider whether redeployment options have been investigated fully. The Director or senior manager will consider whether continued employment is appropriate and sustainable and may decide to either implement a further review period or terminate the employment.

LONG TERM ABSENCE



Sickness Absence Meeting

Employees must receive written confirmation of their requirement to attend a sickness absence meeting giving at least 5 working day's notice. If an employee fails to attend, an interview at any stage in this procedure, without a reasonable explanation, the Manager, or Director conducting the meeting will decide, after considering the circumstances, whether the interview should be postponed to a new date, or be continued in the employee's absence.

Employees will be advised in the letter asking them to attend a sickness absence meeting that it is in their best interest to attend the meeting and that if they fail to attend it can be held in their absence. A decision may then be made without any input from that employee and based on the information available.

The employee must be advised of their right to be accompanied by a trade union representative or colleague and the availability of such representation.

People with disabilities must be given the opportunity, time and support to request and receive any appropriate facilities they need in order to participate fully in formal interviews eg. sign language, induction loop systems, information on tape or Braille. Equally employees should be given the opportunity of requesting interpreters if English is not their first language.

Sickness Hearing

In the majority of cases, with proper absence management and medical treatment, an employee's health will improve sufficiently to enable them to return to full duties. However in some cases, the medical opinion will be that the employee is permanently unfit for the duties of their post or in the Council's opinion the absence level is causing unacceptable work difficulties.

Where the Director or senior manager is considering termination of employment on the grounds of excessive sickness absence, the Sickness Hearing will also be attended by an HR Adviser or Partner. The employee should be informed in writing by the HR Service of the date, time and place of the hearing giving at least five working days notice. The letter should state the purpose of the meeting and that dismissal from the Council's service is a possible outcome. The employee will be provided with the facts of the case, any medical reports and their sickness absence record. The employee must be advised of their right to be accompanied by a Trade Union or other representative.

Having considered the case, the Hearing will be adjourned whilst the Director or senior manager makes a decision on the most appropriate action and then reconvened to deliver the outcome to the individual. If a decision to terminate the employment is made, notice will be given with effect from the date of the meeting and the employee advised of their right to appeal against the decision.

In cases where the employee is retiring on the grounds of ill-health, agreement must be sought from the Managing Director prior to a decision being made through the completion of a Proposal For Retirement on Grounds of Ill-Health form completed by the HR Service.

Conduct of the Hearing

- The Director or senior manager will state the facts with reference to the statement and medical reports.
- The employee or representative will have the opportunity to explain the circumstances of the absence.
- The Director or senior manager may ask further questions to establish the facts of the case and may adjourn the hearing to consider further evidence.
- When all information has been received, the Director or senior manager should adjourn the hearing to consider the facts and make a decision.
- The employee and representative should be advised of the decision.
- Options are dismissal, redeployment, or arrangements for a future review date for another Hearing.
- The outcome of the meeting should be confirmed in writing by the HR Service within 3 working days and the employee advised of the right of appeal against this decision.

Appeals Procedure

Where a decision is made to dismiss the employee, the individual will have a right to appeal against the decision.

This appeal cannot be made in dispute of medical opinion as this will have been dealt with at an earlier stage in the process. An employee may appeal against the fairness of the decision to terminate the employment given the facts of the case.

- An appeal against termination of employment should be made in writing by the employee or his/her Trade Union representative to the Head of HR within 10 days of receiving a dismissal letter.
- An Appeal Hearing will be held by an Director or senior manager and the employee is able to call witnesses and produce relevant documents in their defence during the Appeal Hearing. The Director or senior manager who made the decision to dismiss will present their case.
- The Hearing is adjourned and the Director or senior manager deliberates, recalling both parties to clear any points of uncertainty.

Redeployment

Where changes in hours or work practices are impractical or have been unsuccessful, and when supported by a medical recommendation, it is necessary to consider alternative employment opportunities for an employee. The investigation of

redeployment opportunities is also a requirement of the ill-health retirement provisions of the Local Government Pension Scheme.

Managers should provide support to redeployees in pursuing redeployment opportunities and this support can include job skills training, career counselling and making the employee aware of all current vacancies; there is no obligation to create a job or post. The redeployee may wish to consider redeployment opportunities at a lower level in terms of responsibility or contractual benefits however there will be no protection of salary or other benefits other than pension benefits which can be protected at the higher salary level for a period of 10 years.

A timescale for seeking redeployment is required (normally 4 weeks) and at the end of this period a decision will need to be made on the posts available. Medical advice should be sought on the suitability of the post identified as a suitable redeployment. As well as a risk assessment. Once a suitable post has been found, the redeployee must confirm to their Manager within the specified timescale that they would like to be considered for the role. The redeployee should be offered redeployment into this role without the requirement to apply for the post through the normal recruitment procedure although normal selection methods should be used, such as an interview and skills assessment. Once appointed, if training support is required this should be provided to enable the redeployee to undertake the full role and a trial period of 3 months given to assess whether the redeployment has been successful to both the redeployee and the Council.

Where a suitable redeployment opportunity is not found or the redeployment is unsuccessful, a Stage 3 Hearing is required. This should be arranged by the HR Adviser/Partner once the period for seeking redeployment has commenced.

III-Health Retirement and the Local Government Pension Scheme

This is an option for LGPS members where an independent medical advisor has certified the employee's eligibility. In order to be eligible for ill health retirement benefits the employee must be permanently incapable of carrying out the duties of their post and have a reduced likelihood of obtaining gainful employment before the age of 65. The scheme has 3 tiers:

Tier 1

No reasonable prospect of obtaining gainful employment before age 65.
Pension membership is enhanced up to age 65.

Tier 2

Unlikely to obtain gainful employment within 3 years of leaving but likely to be able to do so before the age of 65. Pension membership is enhanced by 25 per cent of period up to the age of 65 (or, if aged 45 or over enhancement would be payable under the old arrangement if this would have been greater).

Tier 3

Likely to be able to obtain gainful employment within 3 years of leaving.
Pension paid for up to 3 years with no enhancement. Pension ceases immediately if gainful employment is found within 3 years.

Full details can be found on the LGPS website www.lgps.org.uk

Equality Act 2010 **Disability and** **Sickness Absence Management**

The Equality Act 2010 provides protection for disabled people against discrimination and there are implications in relation to sickness absence management.

Whilst disabled people do not generally have sickness problems, there may be conditions which do result in a higher than average sickness absence level. Managers must ensure that disability related sickness absence is treated appropriately within the context of this Act.

With the definition of disabilities covered by the Act some may raise particular issues in terms of sickness absence management such as mental impairment or progressive conditions. Whilst some understanding of the individual's disability is useful, Managers should not make unfounded judgments or unsubstantiated prognosis but should accept the information and advice provided by the Council's Medical Adviser. The management concern is with the implications of the employee's absence and the effect of their sickness or disability in terms of their employment and the circumstances of that particular post.

Disability Related Sickness Absence

It is important to distinguish between general sickness (eg. common cold, sprained limb) and disability related sickness absence (eg. asthma attack, epileptic seizure). Where the effects of a person's disability results in a need to be absence from work due to illness or where a disabled person requires leave which is directly associated with their disability, this will need to be accommodated within the terms of the DDA. Failure on the part of the employer to acknowledge these needs could amount to a failure to make a 'reasonable adjustment'.

General sickness absence is unaffected by the DDA and normal absence management procedures will apply. Examples of discrimination include:

- Dismissal of a disabled person on grounds of a poor sickness record where in practice their sickness absence level is not greater than other employees. It may even be unlawful discrimination if a disabled person is dismissed on the basis that they have a greater level of sickness absence than other employees where this is disability related and the employer cannot show that this is justifiable.
- Automatically referring disabled recruits or employees for medical examinations.

It will be necessary to demonstrate that any less favorable treatment is justifiable and relevant to management objectives.

Sickness related to disability can be monitored separately to general sickness. Disabilities should be handled differently as there may be a need to prove that no discrimination has occurred and that there has not been less favorable treatment.

Medical referrals should be used at the same stages and at the same frequency they would be used for non disabled employees.

Reasonable Adjustments

Reasonable adjustments either on a permanent or temporary basis must be considered for disabled employees and employees returning from long term sickness absence.

The duty of employers to make 'reasonable adjustments' in relation to disabled people is incorporated in sickness absence management procedures.

The job itself may need to be adjusted in order that the employee may return to work following a period of sickness absence or it may be that acceptance of a disabled person's above average level of sickness absence is a 'reasonable adjustment'.

The DDA sets out a range of specific types of 'reasonable adjustments' that an employer may need to make. These include:

- Making adjustments to premises.
- Allocating some of the disabled person's duties to another person.
- Transferring the person to fill an existing vacancy.
- Altering the person's working hours.
- Assigning the person to a different place of work.
- Allowing the person to be absent during working hours for rehabilitation, assessment or treatment.
- Providing training.
- Acquiring or modifying equipment.
- Modifying instructions or reference manuals.
- Modifying procedures for testing or assessment.
- Providing a reader or interpreter.
- Providing supervision.

The basis of the requirement to make a reasonable adjustment is to prevent the disabled person from facing a 'substantial disadvantage' compared to people who do not have their disability. However where even after an adjustment is considered or made the person still cannot fulfill the requirements of the job or where the adjustment is not reasonable, it need not be carried out by the employer. The assessment of reasonableness will be based on all the relevant circumstances including effectiveness, practicability and financial consequences.

Where an employee is unable to continue in their existing role, redeployment should be considered where possible. This new post may also require reasonable adjustments to be made.

Medical Advice

As part of the recruitment process, recruits are medically screened through the Occupation Health Service and, as a result, in the case of disabled recruits the Council's Medical Adviser will advise on the likely effect of the person's disability on that role that they are being recruited for and how any disadvantages can be addressed.

Disability Leave

A Disabled person may need to be absent from work for rehabilitation, assessment or treatment. This may include:

- Rehabilitation for someone who is 'newly disabled' or whose condition has changed significantly.
- Routine assessment of hearing aids.
- Hospital or specialist 'check-ups'.

This form of absence is not sickness absence and it is inappropriate to manage it as such. It should be identified as Special Leave and these absences should be separated from those absences that are subject to general sickness absence management procedures and monitoring systems.

Guidelines for Managers

The HR Service will advise Managers of an employee's disability on a 'need to know' basis therefore respecting the confidentiality of the individual. Advice will also be given on appropriate conduct in interviews for reviewing employee's sickness absence such as:

- Not pressing for disclosure of the person's disability if they chose not to declare.
- Explanation of the Council's procedure.
- Flexibility of approach and encouraging creative and imaginative responses.
- The importance of getting further advice on issues such as possible adaptations and changes to working methods.
- The treatment of disability related leave.

Alcohol and Substance Misuse Problems

Alcohol and substance misuse puts the health and safety of the employee and their colleagues at risk. In most cases a Manager will not be aware of absenteeism due to alcohol or substance misuse as the employee's absence will be recorded as sickness absence. In this situation the absence will be dealt with under the normal sickness absence management procedures unless a problem related to the abuse of alcohol or other substances is identified.

Situations may arise where a manager believes or suspects that a member of staff has an alcohol or substance misuse problem. This may be because certain patterns of sickness absence are arising or a change in behavior is seen such as:

- Lateness.
- Mornings off.
- Regular days of sickness absence particularly following weekends or holidays.
- Decline in job performance.
- Solo drinking sessions.
- Decline in the individual's feeling of self-worth.
- Withdrawing from social situations and shunning personal contact with colleagues.

These are potential indicators of problems and like other performance problems; they are best dealt with at an early stage.

The Council encourages voluntary referrals from staff themselves who consider they have such a problem.

The 'Alcohol and Substance Misuse at Work Policy' gives guidance on dealing with cases of alcohol and substance abuse and further advice is available from the HR Service who will ensure that all appropriate assistance, including medical referral and specialist counseling, is made available. These cases must be dealt with in strictest confidence.

Terminal Illness

Where it is known that an employee has a terminal illness the sickness absence management procedure should still be followed as the system ensures that proper contact is retained with the employee and full support offered.

It may be that an employee is already being dealt with under the procedure for long term sickness when a diagnosis becomes terminal and the way forward must then be reviewed. The absence should continue to be managed in the same way as long term sickness absence although careful consideration needs to be given to the purpose of any referral to the Occupational Health service and progression with review meetings. These may need to take a more informal approach and focus on identifying the ways in which the Council can support and help the employee and their family.

An initial referral will be required to enable the Occupational Health service to contact the individual's GP or consultant. This will enable the Council's Medical Adviser to establish the medical position and to provide an indication of how long the individual is expected to live as this may be critical in establishing the most beneficial course of action.

In the light of the circumstance and the employee's wishes, the Medical Adviser may recommend early retirement on the grounds of permanent ill-health.

If the employee is likely to have less than one year to live, any pension entitlements accrued under the Local Government Pension Scheme can be paid as a single lump sum equal to five times the amount of pension that has been given up.

Sickness Absence Monitoring

The availability of full and accurate records is of prime importance to the successful management of sickness absence. The monitoring of sickness absence levels by Service Units over fixed periods of time allows analysis and comparison of absence data. This statistical data is also used as a national Performance Indicator and is reported to the Audit Commission enabling comparisons with other Local Authorities as part of a benchmarking exercise.

The Council measures absence by calculating the average number of days lost to sickness absence per employee. The cumulative statistics are also provided as the year progresses from the beginning of the reporting year. These reports are produced and circulated by the HR Service on a quarterly basis.

The HR Service holds full absence records for each employee on a computerised system which is integrated with the computerised payroll system. Heads of Service have access to this data however the HR Service can provide sickness absence information to management on both a standard reporting basis and on an 'ad-hoc' basis where a request for particular information is made.

Private Medical Scheme

Any employee who is a member of the Private Medical Scheme can be treated privately for those illnesses or conditions covered by the scheme. This normally requires a referral from their own GP and the process of referral to a consultant and any resulting treatment will be speeded up by using the Private Medical Scheme.

All new employees can join the Scheme on commencement of employment and existing staff can join at any time. Staff on Salary Band 6 upwards will receive free membership of the Private Medical Scheme as part of their benefits package.

Medical Screening for Management Team

Management Team are eligible for health assessments every 2 years .

Counselling

The Council uses the service of the Guildford Counselling Centre, part of the Guildford Institute, for confidential referrals of staff. An HR representative will meet with the individual concerned to make an initial assessment of the suitability of counselling and may then refer them to the Counselling Centre. The onus is on the individual to make contact and arrange appointments with a counsellor which are confidential; no reports are made back to the Authority.

Normally the Council pays for the first three sessions and then half of the cost of the next three sessions. At this stage the situation is reviewed and further counselling may be considered.

Domestic Difficulties

When managers are faced with absences due to domestic difficulties, it is advisable to consider alternative work options e.g. working from home, staggered hours, alteration of work patterns etc. Such options should only be used to cover difficulties on a short term basis and in exceptional circumstances.

Advice should be sought from the HR Service and any agreement over flexible work arrangement should be confirmed in writing and a record kept on file.

Maternity Leave and Sickness Absence

If a pregnant employee is absent due to a pregnancy related illness in the four week period prior to her expected week of confinement, this will trigger the commencement of her maternity leave. Non-pregnancy related sickness should be dealt with through the normal procedures.

An employee may postpone her return after the end of maternity leave by submitting a doctor's statement prior to her return date stating that she will be incapable of work.

If the absence continues and reaches a 'trigger' level it should be managed under the normal procedures to ensure that full support is being provided in helping the employee return to work.

Vaccinations

Some posts carry particular risks or exposure to risks of infection from contact with the clients that they are dealing with or contact with materials that may carry infection.

Some infections can be vaccinated against and staff who are considered 'at risk' will be offered vaccinations where appropriate. These can either be carried out by the employee's own GP or through the Occupational Health Service.

Vaccines currently available include:

Hepatitis A	Immunoglobulin
Hepatitis B	Tuberculosis Heaf test
Typhoid	Diphtheria
Tetanus	Rabies
Rubella	Polio
Influenza	Meningococcal Meningitis
	Encephalitis

The Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)

Injuries, accidents, illnesses or diseases arising from work activity must be reported regardless of severity, to the employee's Manager as soon as possible after the accident. The details of the incident should be recorded in the Accident Report Book and an absence related to this lasting more than three days must be notified to the Health and Safety Officer.

Should an employee report their reason for sickness absence as a disease which can be contracted as a result of work activities, refer to the Health and Safety at Work Handbook which lists those diseases covered by RIDDOR. (Reporting of Injuries, Disease and Dangerous Occurrences Regulations 1995)

Any member of staff thought to be suffering from any of those listed diseases must be notified to the Safety Officer/Head of HR without delay.

Driver Medicals

This Authority employs Drivers who may be subject to medical examinations to assess their suitability for their driving duties.

HGV (Heavy Goods Vehicle) Drivers have their licence renewed by the DVLA every 5 years and once over the age of 45, this renewal requires a medical assessment which is carried out by the Occupational Health service. Currently, these Drivers are only based within the Cleansing Section at Woking Road Depot. The Transport Section who maintain records of licence renewal dates and send out reminders to the employee concerned when a licence is near to renewal.

Drivers within the Authority who are transporting passengers in Council vehicles are required to have a medical assessment prior to commencement. This assessment will be made against the same medical standards that are applied for applications for PCV (Passenger Carrying Vehicle) licences from the DVLA. Recruits will be asked to complete a form provided by the HR Service which the individual takes to their appointment at the Occupational Health service. Again, these licences will be renewed every 5 years and once over the age of 45, this renewal requires a medical assessment

Confined Spaces Medical

Some posts within the Authority involve working in physical environments which have particularly hazardous conditions. In these situations there is a requirement for the Authority to assess the health of the employee prior to exposing them to these conditions.

A Confined Spaces Medical is carried out by the Occupational Health service and this must be repeated every 3 years until the age of 55 when it must be carried out on an annual basis.

Employee Consent to Medical Consultation & Release Report

Name of Employer:

Employee Title: Mr/Miss/Mrs/Ms/Other..... Last Name:

First Name(s): Date of Birth:

Address:

CONSENT TO UNDERGO A MEDICAL CONSULTATION / EXAMINATION

Informed consent must be obtained at any medical examination/consultation/medical test in line with General Medical Council guidelines.

1. I have been fully counselled regarding the purpose of this consultation/examination/medical testing, the reason and validity of any investigations which are undertaken and the possible outcomes including implications of the report to my employment.
2. I give consent for the examining occupational health professional to release my medical information to Occupational Medicals medical personnel, for such information to be assessed and to form the basis of a report to my employer.
3. I authorise Occupational Medicals to release medical information from this assessment to my General Practitioner and/or medical specialists regarding the outcome of my case, if necessary.
4. I authorise Occupational Medicals to maintain and process my Occupational Health records in compliance with the Data Protection Act (1998).

Please tick this box:

CONSENT TO RELEASE A MEDICAL REPORT TO EMPLOYER

It is usual for you to receive a copy of the report before it is sent to your employer. However you may wish for the report to be sent to your employer at the same time.

Please tick one of the following:

The report has been discussed with me and I wish to have a copy of the final report prepared by Occupational Medicals provided to me 2 days before it is sent to my employer. My comments on the report will be reviewed by the doctor and may be used to correct factual inaccuracies in the report. Alternatively my comments will be appended to the report for my employer to consider my responses to the report if the doctor does not consider a change to the report is required.

The amended/appended report will be sent at the same time to myself and my employer after receipt of my comments.

The report has been discussed with me. I do not wish to have a copy of the medical report provided to me.

The report has been discussed with me and I am happy to receive a copy at the same time as my employer.

SIGNED DATE

PRINT NAME

Employee Consent to Access GP Report / Medical Records

Important Information about your rights

Please read the information below, which explains your rights under the Data Protection Act 1998 and the Access to Medical Reports Act 1988.

Difference between types of information

The reason why different rules of access apply is because the Access to Medical Reports Act 1988 relates only to medical reports created by doctors directly responsible for your care, such as your GP/Specialist.

Independent doctors who examine you to form an opinion and record it in a report are NOT responsible for your care and treatment. After publication, their reports form part of your health record to which you have certain access under the Data Protection Act 1998.

Under the Data Protection Act 1998 you are entitled to see all information relating to your physical or mental health which has been recorded by or on behalf of a health professional in connection with your employment. This applies not just to computerised data and structured files but to unstructured data as well.

If on reading a record, you believe it is inaccurate or misleading you can request that an amendment is attached to a health report.

If you want access to health record information your request must be to the HR Department. You will be notified of any relevant charges for copies of records.

Access to Medical Reports Act 1988 (AMRA)

Before we ask your General Practitioner or Specialist for a report or medical records we need to get your written consent and inform you of your rights under the Access to Medical Reports Act 1988 (AMRA).

You have the right to see a copy of the report or medical records before they are sent to Occupational Medicals and during the six months after the completion of the report by the General Practitioner or Specialist.

If you wish to see the report before the GP/Specialist sends it to us you must contact your GP/Specialist for access. You will have 21 days from the date of your request, to view it. If after 21 days from date of the request you have not contacted the GP/Specialist to view your report/medical records, the report/medical records will be sent to Occupational Medicals automatically. It is your duty to liaise with your GP/Specialist to view the report/medical records. The GP/Specialist can make a charge if you want a copy of the report.

You have the right to withhold your consent to a report or medical records being sent to Occupational Medicals.

If you feel any information is misleading or incorrect, you have the right to ask your doctor in writing to amend it. If your doctor does not agree to amend the report you will be able to write a statement of your view, which will be attached to the report.

If you are uncertain about your rights after reading this please ask for clarification BEFORE you sign the form



**GUILDFORD BOROUGH COUNCIL
FIRST AND FOURTH DAY
SICKNESS/ACCIDENT ABSENCE FORM**

This form must be completed by the Supervisor/Other Nominated Officer on the first and fourth days of all absences from work due either to sickness, or accidents which have occurred at work, irrespective of whether this period includes weekends, public holidays or other rest days. On completion, the form must then be sent directly to Human Recourses and Payroll and if relevant to the Safety Officer.

DATE OF FIRST DAY OF ABSENCE

DATE OF FOURTH DAY OF ABSENCE

SURNAME:

FORENAMES:

SECTION/DEPARTMENT:

TIME AND DATE OF NOTIFICATION:

BRIEF DETAILS OF SICKNESS

.....

BRIEF DETAILS OF INJURY:

.....

EXPECTED DURATION OF ABSENCE:

HAS DOCTOR BEEN CONTACTED: YES/NO

IF YES,
NAME AND ADDRESS OF DOCTOR

COULD THIS SICKNESS/INJURY BE CAUSED BY THE WORKING ENVIRONMENT?
YES/NO. If YES send a copy to the Safety Officer.

PERSON MAKING REPORT -

NAME:

DATE: SIGNED

- Distribution White – Human Resources
- Yellow – Payroll
- Blue – Safety Officer, Environmental Health
- Pink – Safety Rep/Dept Rep



GUILDFORD BOROUGH COUNCIL
SICKNESS ABSENCE RECORD

DATE

.....

EMPLOYEE

.....

DEPARTMENT

.....

'TRIGGER'
CATEGORY

.....

ACTION AGREED

.....
.....
.....
.....
.....
.....

NEXT REVIEW
DATE:

.....

Manager's signature

.....

Date.....

Employee's
signature

.....

Date

Distribution:
Employee yellow
Manager Blue
HR Service Pink

|

Appendix 4

PERSONAL AND CONFIDENTIAL

Dear

REGULAR SHORT TERM ABSENCE

I am writing to confirm that your level of sickness absence in the last 12 month period has exceeded the 'Trigger' level of a total of 5 occasions or 3 occasions totalling 10 days or more as defined in this Authority's Sickness Absence Management Procedures.

As a result of this, you are required to attend a meeting with (name), (job title), on (date) at (time) in (location) to review the circumstances of these absences and to discuss whether there are ways in which the Council is able to offer you any assistance.

I would like to remind you of your right to be represented by a trade union official, colleague or person of your choice. If you wish to avail yourself of this right please notify the name of your representative to Francesca Smith on 01483 444014 prior to the meeting.

I have enclosed your Sickness Absence Record for your information; should you require any further clarification of this please do not hesitate to contact me.

Yours sincerely

Enc: Sickness Absence Record

5

Dear

HOME VISIT

I am aware that you have been absent from work on sick leave since (date) with (condition). I am concerned about your health and would like to meet with you to discuss the problems that you are experiencing and whether there are ways in which I can offer you support.

I would like to visit you at home on (date) at (time) and I would be grateful if you could let me know if this time is convenient for you. Please contact me on the above number by (date) to confirm this. As is normal in these circumstances, if you wish to be accompanied by a Trade Union representative or colleague, please let me know the name of the person prior to the meeting.

Yours sincerely

Enc Sickness Absence record