



# FALKIRK COUNCIL

## MANAGING SICKNESS ABSENCE POLICY & PROCEDURE

*(For all employees including Teachers)*



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## **PART 1**

### **1.1 POLICY STATEMENT**

Falkirk Council aims to maximise attendance and minimise ill-health amongst its employees by promoting Health at Work. It is recognised that attendance of employees at work is crucial for the effective operation of the Council's services. High levels of attendance at work will contribute positively to the provision of quality services. Low levels of attendance, on the other hand, will adversely affect service provision in terms of both quality and performance, and may result in low morale and motivation generally amongst employees.

The Council is committed to implementing a fair and proper means of monitoring sickness absence in accordance with the Equal Opportunities Policy, to ensure that managers can be alerted to problems with service quality and delivery, and to enable them to take appropriate action in a fair and consistent manner whilst remaining responsive to the needs of the employees.

## **PART 2**

### **2.1 INTRODUCTION**

The aims of this Policy are to:

- Promote the health, safety and wellbeing of employees;
- Promote high levels of attendance at work;
- Ensure that managers adopt a fair and consistent approach in the management of absence, taking account of individual circumstances, while seeking to achieve and maintain acceptable standards of attendance;
- Ensure employees are aware of and understand the Council's position on managing sickness absence, and their own responsibilities in reporting sickness absence;
- Ensure that employees are treated in a fair and consistent manner and are encouraged to seek help with any problems they may have which may be the cause of absence from work;
- Ensure that employees suffering from critical or terminal illness are given the necessary consideration and support;
- Provide a framework for monitoring and managing attendance;
- Comply with the legal framework of Employment legislation, Health & Safety directives and legislation, the Equality Act and the Access to Medical Reports Act.

### **2.2 SCOPE**

This Policy applies to all employees of Falkirk Council. Reference is made within this policy document to other policies and procedures of the Council, including the Disciplinary Policy, Capability Policy, Rehabilitation and Redeployment Policy, Health & Safety at Work Policy, Health at Work Strategy, Drug and Alcohol Policy and Policy & Procedure for the Management of Stress and Mental Wellbeing.

## 2.3 RESPONSIBILITIES

Managers are expected to:

- Promote the health, safety and wellbeing of all employees, including use of risk assessments to identify and manage hazards impacting on both physical and mental health in the workplace;
- Ensure employees are aware of their responsibilities, and the consequences of not complying;
- Monitor levels of sickness absence for individuals and teams, applying triggers where necessary;
- Fairly and consistently apply procedures to support and manage staff absences, whilst dealing with unauthorised and/or high levels of sickness absence;
- Maintain a positive and preventive approach rather than a punitive approach;
- Be sensitive and supportive to those suffering the effects of ill health;
- Maintain regular communication with employees who are absent on long term sick leave;
- Ensure that all recording of sickness absence is maintained with respect for confidentiality, and that relevant certificates are passed promptly to Payroll to enable the payment of Sickness Allowance and Statutory Sick Pay;
- Be aware of how the disability provisions of the Equality Act could impact on managing sickness absence.

Employees are expected to:

- Attend work unless unfit to do so;
- Advise their manager of any illness which affects their ability to attend for work or to undertake the duties of their post to a satisfactory level;
- Raise concerns with their manager if they believe that their job is making them ill or contributing to their illness;
- Report sickness absences promptly to their manager and ensure that the appropriate certification is provided in accordance with the procedure;
- Maintain contact with their manager during periods of sickness absence and communicate effectively about their sickness absence;
- Co-operate fully with the Occupational Health Unit and other organisations that provide support to the Council and its employees;
- Ensure that medical advice and treatment, where appropriate, is received and followed as quickly as possible in order to facilitate a return to work;
- Ensure that, where required, medical reports are made available to Occupational Health from their GP, as soon as possible;
- Not participate in any extra-mural or sporting activities which may be detrimental to their health or recovery;
- Not abuse the sickness absence procedures or sick pay scheme.

In order to support this policy and its implementation, the following services are available to managers and employees:

- Occupational Health Service: to provide advice and guidance on the impact of ill health on work, and what steps the Council and/or employee may take;
- Physiotherapy assessment and/or treatment where appropriate;

- Human Resources: to provide support and guidance to managers and employees in dealing with sickness absence and ill health, and in the use of the Council's related policies and procedures (e.g. Health & Safety, Stress, Capability etc.);
- Phased return to work/rehabilitation programmes;
- A range of flexible working arrangements to support the needs of employees in managing their health;
- Permanent and temporary redeployment to assist with return to work.

## **PART 3      ABSENCE PROCEDURES**

### **3.1      NOTIFICATION AND CERTIFICATION**

Managers have direct responsibility for managing sickness absence. It is essential that they are familiar with and fully understand the Council's procedures for reporting, recording and monitoring sickness absence.

Employees also have a responsibility to follow certain procedures to be entitled to Occupational Sickness Allowance and Statutory Sick Pay. Sickness absence and sick pay (both occupational and statutory) are calculated over a seven-day week regardless of the employee's contracted working days.

It is the responsibility of managers to ensure that employees are aware of notification arrangements, as detailed below, and the consequences of non-compliance. This should form part of induction training and any changes to these arrangements should be notified to all relevant employees.

#### ***Employee responsibilities for notifying sickness absence:-***

- **On the first day of absence- employees are required to** telephone the appropriate supervisor or manager as early as possible and certainly no later than one hour after normal starting time. Employees who work shifts, job-share or part-time should notify their supervisor or line manager as soon as they become aware that they will be absent from work. They should not wait until their next scheduled work period. Some Services have local procedures such as telephoning a specific contact number for out of hours reporting. Employees should check with their manager if this affects them.
- **Employees are expected to telephone their manager personally** to report their sickness absence. Sending a text message is not acceptable and only if the employee is physically unable to speak to the manager should a representative (such as husband or wife, partner, relative or friend) be asked to act on behalf of the employee to ensure that the manager is advised promptly of the employee's absence. As soon as the employee is physically capable they should contact their manager direct. If the manager is not available to take the call, arrangements should be made for a nominated person to act as a contact point and for the manager to return the employee's call later. The employee will be expected to provide the reason for the absence and the likely duration of absence to the person who takes their call.
- The **employee must stay in regular contact with his/her line manager.** If the duration of illness was not specified at the time of the initial call then it is the employee's responsibility to telephone their manager the following day to update

them and to keep in touch with the manager thereafter to advise of an expected date of return.

- If the **absence continues for more than three calendar days**, the employee must contact the line manager again on the 4<sup>th</sup> day. At this point, the employee should be asked to indicate whether the absence is likely to continue beyond the seventh calendar day. Employees absent for more than seven days should keep in weekly contact with their manager (unless another arrangement is made) and continue to submit medical certificates on the due date. Occupational Sickness Allowance and Statutory Sick Pay may stop if medical certificates are not submitted on time.
- For absences **up to seven calendar days**, it is expected that a **statement of short term sickness absence** (*Appendix 1*) will be completed on the day the employee returns to work. In respect of teaching employees it is recognised that national conditions state in section 6.27 that “where the absence period is 4 to 7 days, the employee will complete a self-certification form on return to work”. Teaching employees are however, encouraged to complete a statement of short term sickness absence from day one of absence. This enables managers to provide appropriate support for employees such as early referral to Occupational Health or Physiotherapy, as required.
- If the absence is **longer than seven calendar days** then the employee should complete a sickness absence self certificate (sent to them by their manager) and send this to his/her normal operating base along with a Medical Certificate (Doctor’s Statement Form Med3) to cover the period of absence beyond the first seven calendar days/self certification period. The Med3 certificate will state that the employee is either **unfit** for work, or **may be fit** for work taking account of advice provided. The advice is likely to cover issues such as: phased return, altered hours, amended duties, and/or workplace adaptations.

GPs may provide additional written comments to assist employers, e.g.: how the employee’s condition will affect what they do and some of the things that could help their return to work.

The Med3 Statement of Fitness for Work is:

- evidence for why an employee cannot work due to illness or injury;
- not required until day 8 of a sickness absence, with the first 7 days covered by a self-certificate;
- advice to the patient which is not binding on the employer.

***Manager responsibilities regarding notification of sickness absence:-***

- Managers must keep in contact with employees who are absent from work;
- If the absence lasts, or is likely to last longer than seven calendar days, then a sickness absence self certificate form must be sent to the employee as soon as possible for them to complete and return;
- Managers must ensure that all sections of the self certificate form are completed prior to submission to Payroll;
- Managers are responsible for ensuring that medical certificates are passed to Payroll promptly upon receipt;
- Managers should advise Payroll of periods of unauthorised absences.

## Guidance for Managers on receipt of the Med3 Statement of Fitness for Work

If the Med3 states that the employee is **not fit for work**:

- You will check that the GP has indicated the expected period of absence [either as (1) a period of time or (2) between specific dates] and whether or not the employee will have to see the GP again before returning to work.  
[NB: Any period described in days refers to calendar days not working days. Within the first 6 months of an absence the maximum period a GP can certify at any one time is 3 months.]
- If the GP does not need to see the employee again, you can expect the employee to return to normal duties at the end of the Statement period.
- If the employee feels well enough and asks to return before the end of a “not fit” Statement period, they do not have to return to the GP. However, you should consult the Occupational Health Adviser by telephone or e-mail.
- If the Occupational Health Adviser wishes to see the employee, you should proceed with an Occupational Health Referral in the normal way. You should not allow an employee who has a “not fit” certificate to return to work without Occupational Health approval. If Occupational Health do not authorise a return to work, the employee will still be covered up to the end date of the certificate. The Occupational Health Adviser will confirm any telephone consultation by e-mail [with a copy to HR].
- If the GP needs to see the employee again and then decides that the employee can return to normal duties the GP will not issue a new Statement. GPs no longer issue “signing-off lines”. GPs will continue to issue consecutive “not fit” certificates in the case of long-terms sickness.
- If you have any queries, please contact Human Resources.

If the Med3 states that the employee **may be fit for work** and recommends adjustments for a specific temporary period:

- You will consider the adjustments suggested and contact Occupational Health by telephone or e-mail for guidance. If the Occupational Health Adviser wishes to see the employee, you should proceed with an Occupational Health referral in the normal way.
- If the Occupational Health Adviser confirms temporary adjustments, you should discuss these with the employee and make every effort to accommodate them. Where issues such as manual handling are involved, you should also consider carrying out a risk assessment.
- If the adjustments can be accommodated, then you should arrange for the employee to return to work immediately. In these cases, the period of time given on the Med3 relates to the need for adjustments.
- If it is not possible to accommodate the adjustments, the employee may remain on sick leave up to the end date of the Med3 without obtaining a further certificate. An additional certificate is only required if the employee is unable to return to work at the end of the Med3 period.
- If the GP has recommended an Occupational Health assessment, you should still telephone or e-mail the Occupational Health Adviser for guidance. A referral to Occupational Health will only be required if the Occupational Health Adviser requires to see the employee.

- If the employee feels able and asks to return to full duties before the end of the certificate period, and Occupational Health are in agreement, you may allow the employee to return. If Occupational Health are not in agreement, the employee must remain on restricted duties or on sick leave as appropriate and as advised by Occupational Health.
- If you have concerns at any of the above stages, you should telephone Human Resources.

If you have discussed with Occupational Health and agreed adjustments to enable an employee to return to work and the employee disagrees with your proposal:

- You should discuss the issues with the employee to find out why they feel they cannot return to work.
- You should contact Human Resources for guidance, and you may also wish to contact the Occupational Health Adviser again to discuss any issues raised by the employee.
- If the employee is still reluctant to return to work, you should refer the employee to Occupational Health for an independent assessment of their fitness to return to work with the adjustments you have proposed.
- If Occupational Health consider that the employee is fit to return the employee will be expected to return immediately.
- If Occupational Health consider that the employee is not fit to return, then the employee can continue on sick leave up to the end date on the Med3 without revisiting the GP.

It should be noted that employees returning to work before the end date of the Med3 Statement with Occupational Health approval will be covered by Falkirk Council's Employers Liability Insurance as it is generally accepted that an employee does not necessarily have to be 100% fit to return to work. However, managers should ensure that they record all actions taken so that they can demonstrate that they have done everything possible to minimise the risk to the employee.

### **3.1.1 Pregnancy-related sickness absence**

The Council has no obligation to provide different sick-pay provision for women who take time off work for reasons related to their pregnancy. However, managers should note that they must not include absences related to pregnancy in any assessment of an employee's sickness record as this could leave the Council vulnerable to claims of sex discrimination if, for example, a trigger was reached. An employee who is absent due to a pregnancy-related illness during the four week period prior to her due date can be required to start her maternity leave early, and will, where eligible, be entitled to maternity pay and not occupational sick pay or statutory sick pay.

### **3.1.2 Sickness absence due to Industrial Injury/Disease**

Where an employee is absent due to sickness or disablement as a result of an accident or incident arising out of and in the course of employment, which has been investigated and accepted as industrial injury, an Accident/Incident Report Form (HR14) must be completed as appropriate, by the employee and the manager. The employee will be entitled to payment of Industrial Injury Allowance. This is separate from Occupational Sickness Allowance and does not count against that entitlement. Details of the accident must be entered on the sickness absence self certificate form.

Where an absence is as a result of a disease caused by work, or by any reportable disease, as defined by the HSE, the manager must ensure an HR14 form is completed. (This is available on the Council's Underground under Health, Safety & Care).

Further information and guidance is available from the Health, Safety and Care Team and the Policy for the Prevention and Management of Infectious Diseases.

Failure to notify that an absence results from an accident or incident at work will result in non-payment of Industrial Injury Allowance, and could jeopardise future claims for Industrial Injury Benefit.

Following any musculo-skeletal injury to an employee at work, the manager should make an immediate referral to Occupational Health for physiotherapy assessment/treatment, where appropriate. Equally, where an employee is absent citing work related stress, an immediate referral to Occupational Health should be progressed and reference should be made to the Stress Management and Mental Wellbeing Policy <http://inside.falkirk.gov.uk/employee/strategies-policies/docs/health-safety-care/Stress%20Management%20and%20Mental%20Wellbeing%20policy.pdf?v=201708031533>. Ideally, where possible, a completed stress risk assessment should be forwarded to Occupational Health with this referral.

Further information and guidance can be found in the Corporate Health, Safety and Care Policy and the Corporate Accident/Incident Reporting Policy and Procedure.

### **3.1.3 Sickness absence during Industrial Action**

There is no entitlement to sickness allowance if an employee is off work sick during a stoppage of work at the place of employment due to a trade dispute, unless the employee has not taken part in the trade dispute and has no direct interest in it.

### **3.1.4 Sickness absence during Disciplinary proceedings**

If an employee is suspended from work due to a disciplinary issue being investigated and then becomes ill, the employee will be required to report the absence through the normal procedure as stated previously in the policy. The employee will then be paid as per relevant sick pay provisions. If an employee is absent from work due to illness and then a disciplinary issue comes to light, a meeting will be convened with the employee to explain the situation. If necessary a referral to Occupational Health will be organised to check if the employee is fit to proceed with the disciplinary process. Payroll should be kept advised by the Service so that the employee's salary is processed correctly. Please seek advice from Human Resources.

### **3.1.5 Non-compliance with notification and certification procedures**

If an employee fails to comply with the sickness absence notification and certification requirements without good reason, the manager may consider this unauthorised absence and, in discussion with Human Resources, it may be appropriate to withhold pay pending an investigation into this matter in line with the Disciplinary Procedures, confirming this in writing to the employee involved. Persistent disregard of the notification procedures may also be dealt with through the Disciplinary Procedures.

### **3.1.6 Conditions of Service for Teachers and Associated Professionals**

Teachers and Associated Professionals will receive pay and leave in accordance with National Conditions in respect of:

- Respiratory Tuberculosis (Clause 13.6) – where a teacher is found to be suffering from respiratory tuberculosis, the teacher shall be entitled to receive full salary for any period up to a maximum of 12 months and half salary for up to a maximum of 6 months thereafter, where the absence is supported by a Med3 certificate; and
- Victims of Crime Violence (Clause 13.2.20) - Where a teacher is absent from work because of an injury in respect of which an award may be made by the Criminal Injuries Compensation Board and the teacher is otherwise qualified to receive sickness allowance, such allowance shall be granted without a requirement to refund any proportion of any sum which the Compensation Board may award. Where such an award is made, the period of absence shall not be treated as sickness absence and will not count against any period of entitlement but should instead be treated as special leave. In the case of an assault occurring in the course of employment, the period of absence will not be treated as sickness absence and shall not count against sick pay entitlement. Any such absence will be treated as special paid leave.

## 3.2 MANAGING SHORT TERM SICKNESS ABSENCE

Short term sickness absence is the most disruptive form of sickness absence to Services, as it is difficult to put alternative arrangements in place to cover the absent employee and ensure service provision. Over a period of time it can affect the morale and performance of other staff, and it is important that it is carefully managed.

Short term absences are normally sporadic and attributable to minor ailments: in most cases these are unconnected. Short term absences can last for up to 7 calendar days and are covered by a self-certificate form.

The key to managing short term absence is ensuring that employees are aware of the standards expected of them, and applying the procedures consistently. The effective use of the Return to Work Interview, the monitoring of trigger levels and the Stage 1 and Stage 2 absence review meetings are vital tools for managing sickness absence.

### 3.2.1 Return to Work Interview

Return to Work Interviews can be particularly effective for the management of short term, recurrent absences as they enable the manager and employee to meet within hours of an employee returning to work to discuss the reason for absence. However, a Return to Work Interview (RTWI) must be adopted as regular practice for each and *every* period of sickness absence, to ensure an effective means of reducing absenteeism. Prior to the RTWI managers should review an employee's sickness absence as per section 3.2.3 to establish if there is a pattern and/or whether a trigger has been reached. The RTWI should (where possible) be completed on the day the employee returns to work and certainly within 72 hours of returning to work. Obviously, if an employee has been absent from work due to a musculo-skeletal problem and they carry out a physical job then their RTWI should be completed before they resume normal duties in case any adjustments to working practices need to be made. A RTWI is not about challenging the reason for sickness or disputing that genuine sickness exists. It may be used to provide any information which may assist the employee to improve attendance, while highlighting the importance of good attendance and advising the employee that there is a limit to how much non-productive time the Council can sustain. The RTWI should be informal, always conducted sympathetically and held in private.

**The WARM approach** is useful to refer to when conducting RTWI's. Guidance on this approach is attached as Appendix 2.

If you have identified that the employee has reached one of the absence triggers this should be discussed and, where appropriate, Stage 1 monitoring should be implemented (Appendix 3). It is recognised, however, that in some service areas, the immediate manager/ supervisor responsible for conducting RTWI may not be responsible for the management of absence and in such circumstances, a separate Stage 1 absence review meeting may be appropriate. This should be confirmed to the employee in writing (refer to Appendix 4). Where the employee is already on Stage 1 monitoring and they have had further absences they should be advised at their RTWI that they may be invited to a Stage 2 absence monitoring meeting and you should seek guidance from Human Resources re how to progress.

### **3.2.2 Occupational Health Referral**

If a possible underlying health problem is indicated, the manager may propose a referral to Occupational Health to seek medical advice. Alternatively if the employee is suffering from a musculo-skeletal problem (work-related or not) then the manager may consider referral for physiotherapy assessment/treatment. Equally, where an employee's absence relates to a mental well being or any stress related illness, an Occupational Health referral should be considered. In such circumstances a stress risk assessment should be completed and ideally submitted with the referral or as soon as possible thereafter. HR should be included in any meeting with the employee to discuss the stress risk assessment.

Full details of occupational health/medical referrals can be found in section 3.3.2.

### **3.2.3 Applying Trigger Levels**

When an employee has been off work due to sickness their manager must look back at their sickness absence record to establish if any of the following trigger levels have been met or exceeded. This should be reviewed prior to the employee returning to work to inform discussion at the RTWI.

The trigger levels are:

- Three absences of any length in three months;
- Four absences of any length in 12 months;
- 10 days or more absence in 12 months;
- Two or more absences equating to more than 15% absence in 2 out of the previous 3 years (this information will be provided by HR).

It is recognised however that there may be circumstances where a Service may want to consider adjusting the trigger levels and this should be done in consultation with Human Resources and appropriate Trade Unions.

An employee whose sickness absence meets or exceeds a trigger level will be reviewed by the manager and this will be discussed at the RTWI or at separate Stage 1 absence review meeting as appropriate. This however, does not necessarily mean that any formal action should be taken or that an immediate referral to Occupational Health is required. The purpose of the trigger is to ensure that the manager reviews the employee's attendance record and provides appropriate support and assistance to the employee to enable them to attend work.

Managers must remember that each employee and his/her absence record is a unique case, and they should look at the circumstances of each period of absence leading up to the trigger, including:

- The reason for each sickness absence and whether there is any connection between them;
- The duration of each sickness absence;
- If any patterns are identified;
- The impact on service delivery/staff morale;
- The % absence and days lost.

Managers should be aware that there are various types of patterns of absence which can emerge when sickness absence is being regularly reviewed, such as before or after weekends, annual leave, public holidays or related to personal problems e.g. caring for dependants. Managers should not assume that this indicates that an absence is not genuine, but should be prepared to discuss this with the employee and try to establish whether a genuine health problem exists.

Patterns may also become evident which may be connected to the working environment, such as several employees in the same area being off with similar complaints. This may indicate problems such as:

- Inefficient lighting, heating and/or ventilation;
- Inadequate training on manual handling;
- Improper workstation setup;
- Low morale, stress.

This list is not exhaustive. Managers should be prepared to investigate any such patterns, check risk assessments, and find ways of alleviating problems. Further guidance is available in the Health & Safety at Work Policy, Policy for the Prevention and Management of Infectious Diseases and the Policy & Procedure for the Management of Stress & Mental Wellbeing.

### **3.2.4 Monitoring Absence**

When an individual's sickness absence becomes more frequent, and meets or exceeds a trigger level then the line manager should identify this prior to the Return to Work Interview (RTWI) and discuss the triggers reached with the employee during the RTW meeting (Appendix 3 provides a checklist of what should be discussed at this meeting). It is recognised, however, that in some service areas, the immediate manager/ supervisor responsible for conducting RTWI may not be responsible for the management of absence and in such circumstances, a separate Stage 1 absence review meeting may be appropriate.

Managers may apply discretion when applying monitoring as there may be situations where it may not be appropriate e.g. where employee has previously had excellent attendance record, pregnancy related absences, industrial injury, bereavement, disability related absences etc.

This meeting/RTWI should include discussion around the following areas:-

- Reasons for absence.
- What is expected of the employee and how their current high absence level is affecting the rest of the team.
- Referral to Occupational Health if this has not been done previously (or a further referral if a significant time has passed, there are additional concerns, absences relate to a different health condition etc.).
- Where relevant, the employee should be advised that their absence level will be monitored on this informal basis for up to 6 months and if they have any further absences during this period then they may be called into a Stage 2 absence review meeting. (In specific cases it may be appropriate to extend Stage 1 arrangements by a further 2 months rather than moving to the Stage 2 process e.g. industrial injury, bereavement, significant improvement then just 1 day off sick).
- If aspects of the job may be contributing to the sickness absence, then the manager should explore possible solutions with the employee. These could include doing risk assessments to identify problem areas, allowing the employee to work in more flexible ways, or more flexible hours, or changing to part-time for a short period. Contact Occupational Health or Human Resources for advice and guidance on suitable options for consideration.
- If the employee is finding it difficult to cope with the job, because of a lack of skill or knowledge, and this is contributing to the sickness absence, then the manager should look into what skills or knowledge gaps can be addressed by education or training. In these circumstances, managers may consider it more appropriate to follow the Capability Procedure. Human Resources can provide advice on the application of this procedure and options for employee training and development.

After the meeting, the manager should write to the employee confirming all the points discussed and stating that their level of sickness absence will be monitored informally for 6 months (Appendix 4 provides a template letter for managers to use). Managers should note that they do not have to wait until the end of a review period to proceed to the next stage of the monitoring procedure if an employee has further absences.

Following or during the Stage 1 monitoring period, if the employee has failed to achieve or maintain the required attendance levels, the following options are open to the manager at this point:

- Progress to the Stage 2 monitoring process under the Council's Capability Policy.
- If satisfied that a return to an acceptable level of attendance is likely within an acceptable period of time, continue to monitor and review under the Stage 1 process, giving the employee an extension to the monitoring period and confirmation of this in writing.
- If an underlying health problem has been highlighted or suggested, the manager should arrange a medical referral and continue to monitor and review, under the Stage 1 process initially although the Stage 2 process may be used thereafter where the triggers continue to be met or the employee fails to achieve or maintain required attendance levels.
- If there is firm evidence that any sickness absence is not genuine, the manager should advise the employee that the matter will now be dealt with under the Council's Disciplinary Procedures. In these circumstances, the manager should always seek advice from Human Resources.

If a pattern of Stage 1 or Stage 2 monitoring followed by only short term improvements in attendance emerges, it may be appropriate for the matter to progress directly to Stage 2 absence monitoring, without completing further Stage 1 monitoring periods. It may also be appropriate to proceed to a formal capability hearing.

### 3.3 MANAGING LONG TERM SICKNESS ABSENCE

Long term sickness absence is considered to be continuous absence in excess of 4 weeks. When dealing with employees on long term sickness absence managers should adopt a sympathetic and understanding approach.

Managers should ensure that they keep in touch with employees when they are off ill for a long period, holding periodic absence review meetings/home visits. These meetings should of course be kept informal and used as a catch up unless the employee has been informed that their absence record is being monitored on a formal basis.

#### 3.3.1 Keeping in touch

This has a number of benefits for both parties:

- It can be used to remind the employee that a doctors certificate is coming to an end;
- The employee can be kept up-to-date with changes in the workplace;
- The employee will not feel that they have been forgotten or are unimportant or being ignored;
- It is an opportunity for the manager to ask the employee whether there are any changes to be considered which would make it easier for the employee to return to work;
- It will provide the manager with the opportunity to discuss when a return to work may be possible (this will help with decisions about any cover that has been put in place for the post).

It is important that the manager maintains regular, informal contact with the employee, by telephone or home visits (if the employee agrees), showing concern for the employee's welfare. The manager must discuss with the employee the process for keeping in touch and agree how and when this will take place. In any case, once an employee has been off for four weeks, consideration should be given to arranging a **home visit** with the employee or a meeting in a mutually agreeable location. This may simply be a courtesy visit (and some managers may feel comfortable with making such a visit earlier than four weeks). Even where a home visit is not considered to be practical, appropriate contact must be maintained. Each contact must be handled sensitively, and due consideration must be given to the nature of the employee's illness. In some cases it may be appropriate to ask the employee if they would prefer that another manager or officer conducts the home visit/ maintains contact.

If the employee wishes representation or support at any meeting or home visit, this must be permitted. However, it should be borne in mind that any suggestion that the employee is entitled to representation is likely to make the employee feel anxious and defensive. It is essential that the employee is not given the impression that this visit represents any kind of formal disciplinary meeting. It is better to maintain the informal approach, and arrange the meeting by telephone rather than by letter, although the meeting should be documented to record discussions.

If the manager does not know the employee personally, he/she should take someone who does know the employee. It is important that the employee feels at ease during the meeting. The manager should read through the employee's file and be familiar with the relevant information so that the purpose of the visit can be clearly explained to the employee.

If the absence extends to 4 months a further review meeting should be arranged (unless it is deemed appropriate to meet at an earlier date) and if the absence continues meetings should be arranged every 2-3 months to maintain contact and discuss ongoing absence. These meetings should be documented.

### **3.3.2 Occupational Health/Medical Referrals**

The Occupational Health Service is provided by an independent contractor who will provide managers with impartial professional advice to assist in managing employees with health issues which are contributing to their sickness absence record or impacting on their performance at work. The information provided will be limited by rules governing medical confidentiality.

An Occupational Health referral may be made where, e.g.:

- A work related illness is suspected;
- The capability or disciplinary procedures are being implemented as a result of short term persistent absences;
- Advice is needed on fitness for duties after an accident;
- An employee has been absent from work due to sickness for 4 weeks or more;
- An employee is off with depression/anxiety or any stress-related illness. In most mental wellbeing cases immediate referral should be sought. However managers should, where possible, ascertain the cause of the depression, anxiety, stress etc. as this may determine whether a referral to Occupational Health is required or whether some other forms of support would be more appropriate e.g. in short term absence cases where the cause of stress or anxiety is due to bereavement. Consideration should also be given to the stress risk assessment process. Managers should decide the most appropriate course of action;
- The manager has concerns about the absence continuing and feels that an Occupational Health assessment (whether or not the employee has previously attended Occupational Health), would be beneficial for the employee and for managing the absence;
- A long term sickness absence is continuing, and the outcome and likely duration is unclear;
- Advice is needed about any measures that can be put in place to assist the employee to return to work/continue in work;
- Advice is needed about whether the employee is permanently unfit/or could be considered for redeployment.

In other cases, where an absence is lasting longer than expected or is causing concern in other ways, a referral is appropriate, especially where an employee has been off for 4 weeks. Do not wait until an employee goes on half-pay or is out of pay before referring. You can get advice and guidance about whether to refer an employee from Human Resources.

A referral for a physiotherapy assessment may be made for an employee who has a musculo-skeletal condition which, e.g.

- Has the potential to deteriorate and result in sickness absence;
- Is affecting the employee's ability to carry out their full range of normal duties or appears to be aggravated by the employee's work duties or postures;
- Has resulted in recurring absences for similar reasons;
- Was the result of an injury at work;
- Has resulted in a current absence of 5 days or more.

Early referral for employees who experience any musculo-skeletal problem can greatly reduce and even prevent sickness absence. Please note that referral for physiotherapy does not require an appointment with the Occupational Health nurse or physician and can be requested direct using the referral form.

#### Referral process (See Appendix 7)

Managers who wish to refer an employee for an occupational health/medical or physiotherapy assessment should meet with the employee and discuss the referral with them. At this meeting the manager must complete the referral form (*sample at Appendix 8*) or at least discuss the content of the referral form. Managers must provide as much background information about the employee's absence and their job as possible (by enclosing absence records and job description where possible) and should also clearly explain the reason for the referral (e.g. long term absence, physiotherapy assessment etc.) and the advice required from Occupational Health, by indicating on the referral form which questions they wish Occupational Health to comment on and by adding their own questions if necessary. Managers may call HR for advice on completing the referral form. It is good practice to give the employee a copy of the completed referral form as this will be discussed with them by Occupational Health. Information that has not been discussed with the employee should not be included on the referral form. When a referral is being made a manager should give the employee a copy of the Explanatory Notes for Employees which can be found in *Appendix 9*.

The completed referral form should be e-mailed to [hr.support@falkirk.gov.uk](mailto:hr.support@falkirk.gov.uk) in the first instance, where it will be logged and passed onto Occupational Health. Once the referral is received at the Occupational Health Unit, it will be assessed by the Occupational Health Nurse Adviser, who will write to the employee within one week giving an appointment date and time, either for a physiotherapy session or for an appointment with an Occupational Health Nurse or Physician. A copy of this letter will be sent to the referring manager.

The Occupational Health Nurse or Physician will not normally send for a GP report, if required, until after the employee's first appointment, so that the Occupational Health Nurse or Physician has a full understanding of the case and can ask specific questions of the GP. Where required Occupational Health will get the necessary mandate signed and make a request for a GP report.

#### Refusal to attend Occupational Health or for GP report to be requested

The Council has the right to insist that the employee attends Occupational Health. Where possible, appointments should be made within an employee's normal working hours. Occupational Health should be advised of this on the referral form. If the employee refuses to attend Occupational Health, this should be discussed with the employee to clarify the reasons for refusal. If the specific physician or nurse is

unacceptable to the employee, Human Resources will make every effort to arrange for the employee to be seen by a mutually acceptable Occupational Health practitioner. However this cannot be guaranteed. If the employee is physically unable to attend an Occupational Health appointment, then a home visit may be arranged if, in the judgement of the Occupational Health practitioner, this is the most appropriate way to obtain information.

If the employee unreasonably persists in not attending, this may have to be dealt with under the Disciplinary Procedures, and managers should contact Human Resources to discuss the way forward.

The employee has the right to refuse permission for the Occupational Health practitioner to approach their GP. However, the manager will then have to take a decision based only on facts/advice already known. This again should be discussed with the employee where necessary. Occupational Health will also explain this to the employee at their appointment. If there is an unreasonable delay in obtaining a medical report from the employee's GP, the employee should be asked to contact their GP to prompt this directly and it should be explained that, if this is unavailable, management will be required to make a decision based on the facts already known.

Following the employee's appointment a report will be sent by Occupational Health to the manager within one week.

Managers may contact the Occupational Health Unit direct with specific queries about appointments or reports. The Occupational Health Unit is open during office hours, Monday to Friday.

Falkirk Council Occupational Health Unit  
Office 7, Grangemouth Enterprise Centre  
Falkirk Road  
Grangemouth  
FK3 8XS  
Tel: 01324 508757 Fax: 01324 508758  
E-mail: [admin.occhealth@falkirk.gov.uk](mailto:admin.occhealth@falkirk.gov.uk)

### **3.3.3 Outcomes of Medical Referrals**

The outcomes of a medical referral can potentially be very complex, and the manager should seek advice on handling such long term sickness absence cases from Human Resources, particularly where there may be Equality Act implications. If the report includes inaccurate information the manager should contact Occupational Health and provide facts and updated information where necessary. In complex cases, a case management discussion can be arranged involving Occupational Health, the manager, the employee and HR.

In all other cases, after the referral, the manager should arrange a meeting with the employee to discuss the Occupational Health report. This will normally fall into one of the following categories:

- 1. Fit to return to work at an agreed date (with or without a temporary period of rehabilitation).**

The manager should ensure that the employee agrees with this and discuss the proposed reintroduction to work. If Occupational Health has recommended a temporary period of part-time working, or alternative work, the manager should make every effort to accommodate this advice, if it is operationally possible. Further information on arranging a phased return to work can be found in section 3.3.4.

**2. Fit to return to work at an agreed date with modifications or adaptations to the working environment.**

The manager must comply with the disability provisions of the Equality Act, which places a responsibility on the Council to make reasonable adjustments to meet the needs of a disabled employee. Reasonable adjustments do not just refer to equipment but can involve changes to working hours or working patterns etc. For further details please see section 3.3.5. Occupational Health will make recommendations on any modifications or adaptations which may assist the employee. These will require to be discussed with the employee and it will be for the manager to assess and agree, in consultation with Human Resources if required, whether they can be practically and reasonably supported.

**3. Unfit for the current post, but fit for other duties on a permanent basis.**

The manager must discuss the option of redeployment in full with the employee. It is the responsibility of the employing Service to find alternative employment, but options can be explored within other Services. Further information is available in the Rehabilitation and Redeployment Policy. If no suitable alternative employment can be found, or the employee refuses an offer of alternative employment, the manager should check with the Occupational Health physician whether ill-health retiral is an option. If not, and all other options have been ruled out, the manager will have to proceed to a Capability Hearing. Managers should refer to the Capability Procedure and seek advice from HR. *See section 3.5.*

**4. Currently unfit for the post, and unlikely to be fit in the foreseeable future but not meeting criteria for Certificate of Permanent Ill Health to release pension.**

The manager must balance the impact of the continuing absence on service delivery against the employee's individual circumstances and decide whether to:

(a) Allow the absence to continue in the hope that the individual will be able to return to work soon;

or

(b) If the service cannot accommodate the employee's absence continuing long term proceed to a Capability Hearing. *See section 3.5.*

Where Occupational Health have indicated that they will review the employee's case in, for example, two months time, managers should note that they do not have to wait until this time has expired to make a decision on an employee's capability. If there is no clear indication of a return to work or any suggested return is not within a reasonable timescale then the manager can progress with recommending a capability hearing.

**5. Permanently unfit**

Ill- health retiral (dismissal on capability grounds) is only possible where every effort has been made to find reasonable adjustments, or redeployment opportunities have been examined and ruled out, or where the employee is unfit for all work. There

are 2 tiers of ill health retirement options, entitling employees of the pension scheme to either a higher or lower tier of ill health pension provision. In either case, a Certificate of Permanent Ill Health will require to be agreed by an independent physician and, if considered appropriate, Occupational Health will organise this Certificate.

Teachers who are members of the Scottish Public Pensions Agency scheme which has different rules, will have to apply to the SPPA for early release of pension benefits on the grounds of ill health, and the final decision lies with the SPPA, irrespective of the guidance provided by the Council's Occupational Health Service.

*NB: Guidelines for employees who are being dismissed are at Appendix 10. The manager should always provide a copy of these guidelines to any employee who is being dismissed after long term sickness absence.*

For any of the above, the manager should seek advice from Human Resources.

#### **3.3.4 Phased Return to Work**

Returning to “normal working” after a prolonged period of absence can prove difficult for an employee. When an employee has been off on long-term sick leave and they are ready to come back to work it is essential that their return to work is planned and managed effectively. A phased return to work is recommended for most employees who have been off long-term as it facilitates an early resumption of normal duties, allowing them to re-familiarise themselves with the working environment and their role on a gradual basis. It also, where necessary, allows time for any adaptations to be made.

Occupational Health can advise on a return to work plan, but a manager must consider whether or not the service can accommodate it. A phased return to work is not compulsory nor is it a right and therefore implementation will be at the discretion of the manager. Where possible, however, a phased return to work should be accommodated by the Service. However, if it cannot be accommodated the manager should consider alternative approaches and discuss this with Occupational Health. In all cases the details of the phased return to work plan should be co-ordinated by the manager and agreed with the employee taking into account the views of Occupational Health and the needs of the Service. Where it cannot be accommodated or where any recommendation from Occupational Health cannot be put in place, this should be explained to the employee with the reasons for this provided.

The Phased Return to Work Process is an integral part of the Managing Sickness Absence Policy. In implementing a phased return to work managers should consider the following on a temporary basis:

- Reduced hours;
- Alteration to shift pattern days;
- Restricted/modified duties;
- Buddy system/mentor;
- Temporary relocation/redeployment.

A return to work plan should form a written document which includes the following:

- A programme or timetable showing the days/hours the employee is expected to work and showing the gradual increase back to normal working hours over the period of the phased return;
- The period of the phased return - usually 2-3 weeks, but occasionally up to 6 weeks, and only in exceptional cases longer than 6 weeks;
- Any other issues such as restrictions or modifications to the job role;
- A date to review the plan;
- Details of annual leave and/or special leave used to facilitate the phased return to work. (Managers should therefore calculate how much leave the employee is entitled to and use this towards the phased return – see section 3.4)

The manager will monitor the return to work and will review the employee's progress as required during the programme and before a return to full normal working arrangements. The manager can contact Occupational Health to request further advice at anytime during the process as necessary. The phased return should be a short-term measure and employees should be encouraged to build up to normal employment within as short a timescale as is reasonable given their medical condition.

Further details are available from Human Resources.

### 3.3.5 Equality Act

Many illnesses which result in long term sickness absence will require to be considered under the disability provisions of the Equality Act. The Act defines disability as: "a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities".

This definition includes:

- Physical impairment- weakening or adverse change of part of the body caused through illness, by accident or from birth. e.g. blindness, deafness, heart disease, the paralysis of a limb or severe disfigurement. It also includes conditions such as cancer, MS, HIV from the date of diagnosis etc.;
- Mental impairment – this can include learning disabilities and all recognised mental illnesses;
- Substantial – this does not have to be severe, but is more than minor or trivial;
- Long term adverse effect – that has lasted or likely to last more than 12 months;
- A normal day-to-day activity – one that affects one of the following: mobility, manual dexterity, physical co-ordination, continence, ability to lift, carry or otherwise move everyday objects, speech, hearing or eyesight, memory or ability to concentrate, learn or understand, or perception of the risk of physical danger. It does not include the ability to work because no particular form of work is 'normal' for most people. (Source CIPD and Shaw Trust)

When dealing with cases with disability issues, the Act places a duty on employers to make reasonable adjustments to enable an employee to return to work. This duty requires managers to be flexible, to look at what needs to be done and accept that it may be possible to achieve the right end by different means. Managers are not expected to know all the answers for the best solution for any case, but they are expected to make every effort to find out.

Some examples of **reasonable adjustments** are:

- Making adjustments to premises (e.g. installing electronic door openers, ramps; installing loop systems, visible fire alarms);
- Arranging to modify equipment or acquiring specialised equipment;
- Re-allocating some of the duties;
- Altering employee's working hours (allow extra flexibility);
- Assigning the employee to a different place of work;
- Giving or arranging special training;
- Providing additional supervision and/or support;
- Providing a reader or interpreter;
- Transferring employee to an alternative post (redeployment).

Occupational Health will provide advice and guidance on the types of adjustments, aids or adaptations required, but it is the **manager's responsibility** to consider the appropriateness, and where appropriate, to put such adjustments in place. Managers can suggest alternatives and should discuss them with Occupational Health. Costs of any adjustments will be borne by the Service. External funding to purchase aids or adaptations, or to assist with transport to work, in some cases may be available. Further details are available within the Rehabilitation and Redeployment Policy or from Human Resources. Decisions must be justifiable and reasonable given the size of the Council and must be recorded by the manager for future reference.

### 3.3.6 Sensitive Illnesses

For any sickness absence that is as a result of a critical or terminal illness, managers must be extremely sensitive and understanding. With cancer or other critical illnesses an employee may be off long term sick or may be able to work between treatment and medical appointments. Managers should keep in regular contact with an employee who is off long term sick with a critical illness just as they would with any other employee with a long term illness.

An employee with a critical illness who is fit enough to be at work must be given support from their line manager. Time off should be granted for specialist treatment and medical appointments, with self-certification used to cover periods of related illness. Where necessary, adjustments to working hours and/or equipment should be made to accommodate effects of the illness and its treatment.

For employees who are on long term sick leave as a result of sensitive illnesses, managers should discuss this with Human Resources in the first instance, to consider whether unpaid special leave would be appropriate and beneficial. Approval for such leave will then require to be sought from the relevant Head of Service.

## 3.4 SICKNESS ABSENCE AND ANNUAL LEAVE

### Abatement of Leave

For SJC and Craft employees, where an employee has a sickness absence which lasts over three months, annual leave will be limited to an amount pro-rated to the period of actual service given during the year, provided:

1. The period of annual leave granted in a full leave year does not fall below the statutory minimum (currently 28 days, which can include public holidays which fall outwith the period of sickness absence), and
2. Annual leave which would otherwise have been lost because of the sickness absence may be reinstated if required to facilitate a phased return.

An example of an abatement calculation is as follows:

Full time employee absent from 1<sup>st</sup> March to 4<sup>th</sup> July in current leave year. If they have a normal leave entitlement of 33 days, their leave would be abated by the equivalent of 4 months leave i.e. 11 days leaving 22 days leave outstanding to be taken. However, as this outstanding entitlement is less than the statutory minimum, they must receive the statutory minimum of 28 days leave inclusive of public holidays. As such, the manager would be required to deduct from the statutory minimum any days already taken as annual leave (in this case 10 days) and any public holidays they have had or which fall after their return to work (2 days in January, 1 day in September and 2 days in December i.e. 5 days) which would leave 13 days leave to take as leave for the remainder of the year.

If the absence of 3 months or more spans two leave years e.g. November to March, leave entitlement for each year will be limited to an amount pro-rated to the period of actual service given during that year. Carry over leave from one leave year to the next will be limited as outlined below.

For Teachers, where a teacher has a continuous absence of 8 consecutive days or more, the teacher will accrue compensatory leave if the following conditions are met. For each such certified absence, the teacher will accrue compensatory leave of 2 days for every 5 days of designated annual leave which cannot be taken. This is subject to a maximum credit of 8 such days in any one leave year but any such days are not in addition to statutory leave. The entitlement should normally be taken within the school session in which the teacher returns to work (subject to the overriding needs of the Service).

For Education Associated Professionals, where sickness coincides with any period of annual leave, this period should be regarded as sick leave when the appropriate self certificate or medical certificate is submitted. If absent through sickness on public holiday, the Sickness Allowance should be received on that day. A day off in lieu should also be granted to be taken, at the convenience of the Council.

Annual leave for term-time employees is not abated.

### **Carry Over of Leave Arrangements**

Where an employee has been absent for a 12 month period and has therefore been unable to take annual leave during the leave year, they will be entitled to carry over any outstanding leave from a maximum entitlement of 20 days to the following year or be paid in lieu of such holidays if they are dismissed. Where the employee returned to work prior to the end of the relevant leave year and had the opportunity to take outstanding leave, there will be no entitlement to carry over this additional leave. The carry over of leave from one leave year to the next is limited to a maximum of the equivalent of 18 months entitlement.

For Teachers, any leave up to the statutory leave provision which remains untaken at the end of the leave year, shall be carried forward into the next leave year and shall be taken

following the employee's return to work. The timing of this leave shall take account of the needs of the service and should normally be taken in the term in which the return to work takes place or within the following term.

Employees on long term sick leave can apply to take annual leave while they are on sick leave. This period will be treated as annual leave and will interrupt the sickness absence. That being the case, the resumption of sickness absence following the annual leave period will constitute an entirely separate period of sick pay linked only as set out below:

- For Occupational Sick Pay (OSP), the period of sickness absence will start afresh with the only link to the previous period being that entitlement to OSP will be reduced by the number of days in the year prior to the new period of absence.
- For Statutory Sick Pay (SSP), the period of sickness absence will start afresh with the only link to the previous period being where the new period is less than 56 days (i.e. it is linked for SSP purposes), in which case the entitlement to SSP will be reduced based on the balance of SSP due at the end of the previous period of absence.

Where an employee intends going on holiday during their sick leave or otherwise would normally have requested annual leave as they do not wish to be considered available for work, they are encouraged to contact their line manager to request annual leave. If an employee wishes to apply to take annual leave whilst they are on sick leave then they should write to their line manager with their request. The line manager should then contact Human Resources and the Payroll Manager using the memo attached at Appendix 10. Medical certificates should continue to be submitted during this period.

### **3.5 CAPABILITY DISMISSALS ON ILL HEALTH GROUNDS**

The manager should arrange for an informal meeting or formal capability hearing to be convened, as appropriate, as per the Capability Policy in circumstances where:

1. the Council's Medical Adviser has advised that an employee's sickness absence is likely to continue long term, or
2. the employee is permanently unfit for the post, and all assistance (such as the provision of aids or adaptations, rehabilitation, redeployment, or supported employment) has been ruled out, or
3. redeployment has not been ruled out but no suitable post has been found within reasonable timescales (as per the Rehabilitation and Redeployment Policy), or
4. there are high levels of short term sickness absence.

Where consideration is being given to dismissing someone on the grounds of capability due to long term ill health managers must ensure that the following steps have been taken (and all documented) before the matter is referred to a hearing:

- Where the employee perceives that work has caused or contributed to the ill health the issue must have been fully explored and documented by the manager, taking reasonable steps to try and address them e.g. for a work related stress absence a Stress Risk Assessment questionnaire should have been completed and processed, followed by a meeting to discuss and a letter issued to confirm discussions.

- A medical report has been obtained in the previous 12 week period.
- There has been discussion with the employee and their representative, where appropriate.
- Where appropriate, alternative employment has been explored.
- Where reasonable, adjustments to the workplace and/or job and hours of work have been considered.
- The possibility of dismissal as a result of capability proceedings has been raised in at least one of the attendance meetings above and has been noted.
- The employee has been made aware of the impact of their absence upon the authority and service.
- All appropriate steps have been taken to comply with the Equality Act.
- Further medical opinion has been sought by from GP/specialists where appropriate.

*Appendix 10 provides guidelines which should be made available to employees being ill-health retired or dismissed after a period of long-term sickness absence.*

## **PART 4      IMPLEMENTATION**

### **4.1      IMPLEMENTATION**

The Chief Executive and Chief Officers of the Council are responsible for the effective operation of the policy across the Council as a whole and within the various Services respectively. The responsibilities of individual managers and employees are detailed at 2.3 above.

### **4.2      MONITORING & REVIEW**

The Head of Human Resources & Business Transformation will review this policy as per the agreed Human Resources Policy Review timetable in conjunction with Chief Officers and Trade Unions taking into consideration legislative amendments and best practice advice.

This Policy has been Equality Impact Assessed and no adverse impact has been identified.

## FALKIRK COUNCIL

STATEMENT OF SHORT TERM SICKNESS ABSENCE  
ALL EMPLOYEES

Please read the notes overleaf before completing this form. Please complete the form using black ink and capitals.

Name: \_\_\_\_\_ Employee No: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Location: \_\_\_\_\_

DAY	MON	TUES	WED	THURS	FRI	SAT	SUN
DATE							
REASON FOR ABSENCE			TICK ONE BOX ONLY			DESCRIPTION OF SYMPTOMS	
MINOR AILMENT (e.g. Cold, Headache, stomach upset, etc.)			Non-Work-related <input type="checkbox"/> (1)	Work-related <input type="checkbox"/> (10)			
RESPIRATORY (e.g. Chest infection, bronchitis, asthma, pleurisy, pneumonia, emphysema, lung cancer, etc.)			Non-Work-related <input type="checkbox"/> (2)	Work-related <input type="checkbox"/> (11)			
HEART/CIRCULATORY (e.g. Heart attack, MI, Stroke, TIA, Hypertension – high blood pressure etc.)			Non-Work-related <input type="checkbox"/> (3)	Work-related <input type="checkbox"/> (12)			
MUSCULO-SKELETAL (e.g. Back pain, lumbago, sciatica, sprain, strain, arthritis, tendonitis, spondylosis, frozen shoulder etc.)			Non-Work-related <input type="checkbox"/> (4)	Work-related <input type="checkbox"/> (13)			
INJURY (e.g. Broken bone, burn, scald, cuts, crushing, bruising etc.)			Non- Work-related <input type="checkbox"/> (5)	Work-related <input type="checkbox"/> (14)			
MENTAL WELLBEING (e.g. Stress, anxiety, depression, debility, ND – nervous debility, etc.)			Non-Work-related <input type="checkbox"/> (6)	Work-related <input type="checkbox"/> (15)			
INFECTION/VIRUS (e.g. Influenza, measles, mumps, chickenpox, shingles, jaundice, hepatitis etc.)			Non-Work-related <input type="checkbox"/> (7)	Work-related <input type="checkbox"/> (16)			
SKIN CONDITION (e.g. Eczema, psoriasis, dermatitis, rash etc.)			Non- Work-related <input type="checkbox"/> (8)	Work-related <input type="checkbox"/> (17)			
ANY OTHER CONDITION NOT COVERED ABOVE			Non-Work-related <input type="checkbox"/> (9)	Work-related <input type="checkbox"/> (18)			
WAS THIS ABSENCE AS A RESULT OF AN ACCIDENT AT WORK?			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
STATEMENT: In accordance with the Data Protection Act 1998, I declare that the above information is accurate and can be held for the purposes described overleaf. I can further confirm that a back to work interview has been completed.							
SIGNATURE:				DATE:			
LINE MANAGER:				DATE:			

Service/Department \_\_\_\_\_ Job Title: \_\_\_\_\_



## COMPLETING A STATEMENT OF SHORT-TERM ABSENCE

This form supports the Health @ Work strategy by providing us with information about the reason for your absence. This will allow us to develop strategies and implement initiatives to improve the health and wellbeing of employees in the workplace.

We recognise that the national conditions vary for different employee groups in respect of when absence should start to be recorded. There are however a number of reasons why this information is required. It will be used for pay purposes to ensure that your pay is accurate and that you are not over or under paid whilst on sick leave and that you receive all relevant benefits at the appropriate time. In addition, it will be used to assess the council wide picture of sickness absence and ensure that the Council, as an employer committed to promoting good health at work and a healthy working environment, responds to the needs of employees.

Please, therefore, at the earliest opportunity, complete the Statement of Short-Term Sickness Absence form overleaf.

### PLEASE NOTE:

- (i) If you are returning to work after a period of short-term sickness absence (a period of 1-7 days including weekends and public holidays), you will have a 'Return to Work Interview' with your Line Manager, where you will discuss your completed form. Please take this opportunity to discuss any issues of concern.
- (ii) If your absence extends beyond this 7-day period, you should complete the Statement of Short-term absence form and return it with your GP's medical certificate to your line Manager. (A Med3 medical certificate is required from the 8<sup>th</sup> day of absence.)
- (iii) Until you return to work, regular contact should be maintained between **yourself and your Line Manager**. A return to work interview will then be conducted.

**A variety of work-related issues may have an impact on your health and, if they do, it is important that we know about them. These might include:**

- Injury as a result of an accident or a violent attack in the course of your work
- Feeling under pressure following a violent attack, harassment, or bullying in the course of your work
- Feeling under pressure from work-related problems
- Back or neck pain; headaches; pain, stiffness or numbness in the hands or arms, which might develop over time and which may relate to your working environment
- An allergic reaction which might be triggered by something at work
- Any other condition which YOU think might relate to your work

**PLEASE NOW COMPLETE THE FORM OVERLEAF ensuring that you have ticked one of the boxes indicating your reason for absence and giving a brief description of the symptoms**

**Thank You**

## GUIDANCE FOR MANAGERS ON CONDUCTING RETURN TO WORK INTERVIEWS

A Return to Work Interview (RTWI) must be adopted as regular practice for **each and every period** of sickness absence, to ensure an effective means of reducing absenteeism. It should (where possible) be completed on the day the employee returns to work and certainly within 72 hours of returning to work. Obviously, if an employee has been absent from work due to a musculo-skeletal problem and they carry out a physical job then their RTWI should be completed before they resume normal duties in case any adjustments to working practices need to be made. Where an employee is returning to work within one week, he/she should complete the self-certificate at this meeting.

The RTWI should be informal, always conducted sympathetically and held in private.

**The WARM approach** is useful to refer to when conducting RTWI's:-

The manager should **welcome** the employee back to work, checking that they are fit enough to be back and where an employee is returning to work within one week, he/she should complete the self-certificate at this meeting. If the RTWI follows a period of long term absence then it will need to be more structured, to ensure that the employee is brought up-to-date on his/her duties, and any changes which have happened during the absence. It also provides an opportunity to agree how best to manage the employee's reintroduction to work.

Discuss the **Absence** with the employee, identify the cause and whether there is an underlying health problem, indicate to the employee that their absence was noted and discuss the employee's sickness record. In applying trigger levels, you should remember that each employee and his/her absence record is a unique case, and you should look at the circumstances of each period of absence leading up to the trigger. Where an employee's sickness absence exceeds the trigger level, and you have concerns about deterioration in attendance, or if a pattern is identified that has no reasonable explanation, consideration should be given to implementing a period of Stage 1 monitoring for a period of 6 months. This can be done at the Return to Work meeting, without the requirement for a separate meeting to commence monitoring.

Establish if their sickness absence was work-related and whether there are any health and safety issues that need to be addressed. If any injury has occurred, work-related or not, you should consider offering the employee the opportunity to be referred to Occupational Health for physiotherapy assessment and/or treatment. Other musculo-skeletal conditions may also be referred for physiotherapy. If any stress/depression/anxiety issues are raised, work-related or personal, you should consider offering the employee the opportunity to be referred to Occupational Health. Advice about specific medical issues can be obtained by telephoning Occupational Health on 8757.

Explain and ensure the employee is aware of their **Responsibility** with regards notification of sickness absence and their responsibility to come to work unless unfit to do so. This may also be an opportune time to highlight to the employee the impact their absence has on service delivery and colleagues. Raise any concerns with the employee e.g. late notification, patterns of absence such as before or after weekends, etc. Explore whether the employee has a disability and whether the provisions of the Equality Act apply such as making reasonable adjustments.

Finally **Move on** and focus on getting the employee back to work. If not discussed previously then discuss any help you might provide to ease the employee's return to work e.g. phased return, restricted duties. Update the employee on any news they missed while they were off.



**STAGE 1 ABSENCE REVIEW MEETING  
EMPLOYEE NAME  
(DATE OF INTERVIEW)**

- Introductions
- Purpose of the meeting – to discuss attendance levels and mechanisms to improve attendance at work
- Currently viewed as a support mechanism as at Stage 1 monitoring
- View absence report – advise employee of occasions, patterns and number of days
- Triggers met – explain levels reached against council triggers
  
- Corporate reporting – refer to current climate and need for reduction in absence levels ( Head of Service looking for action taken by managers)
- Explain that this level of attendance is unacceptable and cannot continue
- Ask the employee if there are any underlying reasons for poor attendance levels.
- Any workplace or personal matters that are impacting on attendance?
- Discuss potential referral to OH as support mechanism.
- Advise that Stage 1 absence monitoring will be invoked as of today's date i.e. from date of meeting for 6 months (specify end date) and that this will continually be reviewed.
- If further absences occur within Stage 1 monitoring period, a further meeting will be arranged. This could either lead to an extension of the Stage 1 monitoring period or progression straight to Stage 2 monitoring.
- If absence levels continue to deteriorate then may move to Stage 2 monitoring.
- Excessive and continued poor attendance may result in capability hearing being convened.

Enquiries to:  
Direct Dial: 01324  
Date:

**Private and Confidential**

Dear

**RETURN TO WORK /STAGE 1 ABSENCE REVIEW MEETING OUTCOME**

Further to our meeting on . The meeting was convened in accordance with Falkirk Council’s Managing Sickness Absence Policy and Procedure at your return to work following your recent absence.

The purpose of this informal meeting was to discuss your recent period of sickness absence and the triggers you have reached. It was also convened to discuss any mechanisms that will help us identify what action can be taken to improve your attendance at work and provide any additional support.

I explained that during the previous xx month period, you had separate occasions of absence which equated to xx days lost. These absences were due to [insert details of absence or attach document]. This level of attendance exceeds xx of the recommended triggers outlined in Falkirk Council’s Sickness Absence Policy. This is noted below:-

**Council Trigger**

**Employee Trigger**

You said that [insert details of any mitigating circumstances or health conditions].

You also confirmed that there were not any personal or work related matters that were impacting on your attendance at work.

[If there any issues with not following absence reporting procedures these should be discussed with the employee at these meetings and the Calling in Sick Guide provided again and the acceptance signed and returned by the employee]

During our discussion, you said that you were hopeful that you would sustain a good level of attendance in the future.

On this basis, I advised you that your absence levels will be monitored on an informal basis for a 6 month period, i.e. until .....If you have further absences during the monitoring period, then a Stage 2 absence review meeting may be convened. I ensured that you were aware of the Managing Sickness Absence Policy and your responsibilities under this Policy.

You acknowledged that you understood my explanation.

Yours sincerely

**TITLE**

cc

Dear

**Sickness Absence – Monitoring Procedure**

I am writing regarding our previous discussions about your recent level of sickness absences and confirm that it is my intention to proceed to the Stage 2 monitoring procedure under the Council's Managing Sickness Absence policy.

This is because

you have had further absences during a period of Stage 1 monitoring.

OR

You have had frequent periods of Stage 1 / Stage 2 [delete as appropriate] monitoring in the past followed by short-term improvements in attendance.

I propose to meet with you at [time] on [date] in [venue]. Please confirm your attendance by telephoning [tel.no.].

[Name] Human Resources Adviser, will attend the meeting. You have the right to be accompanied by a representative of your choice, but I must emphasise that this is not a disciplinary meeting.

If you have any queries or concerns regarding this letter, please feel free to contact me on the extension given.

Yours sincerely

[Insert MANAGERS TITLE]

Cc: [Insert Name of HR Rep, Title]

### Stage 2 Absence Monitoring Meeting - Format

This meeting should be a constructive discussion with a view to encouraging an improvement in the employee's attendance record.

At the meeting the following points should be covered:

- That the meeting is being held under the Managing Sickness Absence Policy.
- The manager should check that the employee has received their written notification of the meeting and is happy to proceed (with/without representation).
- If the employee attends with representation the representative should be introduced and welcomed to the meeting.
- Refer to discussions held during Stage 1 monitoring process and explain the move to Stage 2 monitoring.
- The manager should confirm that the employee's level of attendance is unacceptable (referring to absence record and trigger levels met).
- Any underlying issues relevant to this absence pattern should be discussed, e.g., personal problems, work-related issues, health issues and any assistance which the manager could provide in order to over-come these problems.
- The impact of any conditions which may be covered by the disability provisions of the Equality Act should be discussed with the employee, taking into account advice obtained from Occupational Health and any other agencies as appropriate. The manager should discuss any reasonable adjustments which they consider could be implemented to assist the employee improving their attendance at work and seek the employee's views on these. (See Appendix I of the Capability Policy for further guidance on the Equality Act)
- All the points raised by the employee should be noted and considered by the manager and appropriate support provided where necessary.
- The employee should be advised that his/her absence will be closely monitored and reviewed at regular intervals and given a clear target for improvement. The Stage 2 review period will be driven by service needs, but should be up to a maximum of 6 months.
- If it is considered that further Occupational Health advice is necessary, this should be discussed with the employee and arrangements made to meet again once this advice has been obtained.
- The employee should be advised that continued persistent absence could lead to referral to a capability hearing and possible termination of their employment.
- The meeting should be followed up in writing confirming discussions.

## MEDICAL REFERRAL PROCESS

- Manager holds meeting with employee and then completes electronic referral form
- Medical referral form should then be password protected following protocol and sent by e-mail to HR
- HR will read over form and forward to Occupational Health
- The referral will then be assessed by an Occupational Health Nurse and an appointment sent to the employee (copy of letter sent to manager)
- Where appropriate, manager should contact employee to remind them that their Occupational Health appointment is coming up
- At the appointment, Occupational Health will ask the employee to complete a mandate if they require to obtain a GP's report
- Following the employee's appointment, a report will be sent by e-mail to the manager within one week
- Managers may contact Occupational Health direct with specific queries about appointments or reports
- Manager to meet with employee to discuss content of report



Falkirk Council

## OCCUPATIONAL HEALTH MEDICAL REFERRAL/PHYSIOTHERAPY REFERRAL

**THIS FORM SHOULD BE COMPLETED AFTER YOU HAVE DISCUSSED THE REFERRAL PROCESS WITH THE EMPLOYEE.**

*(REMEMBER – THE BOXES WILL EXPAND FURTHER TO INCLUDE MORE INFORMATION)*

EMPLOYEE DETAILS		EMPLOYMENT DETAILS	
Surname:		Service:	
Forename:		Division:	
DoB:		Job Title:	
NI No:		Place of work:	
Home address:		Hours of Work:	
		Work pattern:	<input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Shifts
Tel No:		Length of Service:	
Member of pension scheme:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other information (include any scheduled Annual Leave dates for the employee):	

REASON FOR REFERRAL:	
ABSENCE: <input type="checkbox"/> Long Term <input type="checkbox"/> Short Term <input type="checkbox"/> Persistent <input type="checkbox"/> Fitness for duties e.g. after accident or illness <input type="checkbox"/> Physiotherapy Referral <input type="checkbox"/> Consideration for Ill Health Retiral <input type="checkbox"/> Advice on Rehabilitation and/or Redeployment <input type="checkbox"/> LGV/PCV Licence Referral	
ABSENCE DETAILS:	
Absence details attached? Please attach a copy of the Absence Record over last 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is employee currently on sick leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date current sick leave commenced:	
Current medical certificate expiry date:	
Anticipated return date: If known	
Reason for current absence: (If <b>stress</b> then Stress Risk Assessment should be completed and sent to OH with this referral)	
Has the employee indicated that the absence is work related? If yes, give a brief description of how the employee thinks work is contributing to ill health or provide details of accident/incident, attaching a copy of HR14 form.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has the employee previously been absent with a similar / same condition or problem? If yes, please state dates and action taken at the time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Additional Information:</b> Please include any information which you feel may assist the Occupational Health Department in making an assessment of the case, along with any relevant documentation. If <b>short term absence</b> – please describe the pattern and any other useful information. If <b>physiotherapy referral</b> please complete the section below.</p>	

<b>PHYSIOTHERAPY REFERRAL DETAILS:</b>			
<b>Please tick appropriate boxes:</b>			
The employee did not wish to divulge their symptoms			<input type="checkbox"/>
The employee has advised they are experiencing the below symptoms:			
<input type="checkbox"/> Pain <input type="checkbox"/> Pins & Needles (tingling) <input type="checkbox"/> Numbness (loss of sensation) <input type="checkbox"/> Stiffness (difficulty moving)			
<input type="checkbox"/> Swelling <input type="checkbox"/> Bruising/Redness (skin discolouration) <input type="checkbox"/> Loss of function/Range of joint movement			
<input type="checkbox"/> Loss of bladder/bowel control (If yes, please advise the employee to visit A&E immediately)			
The symptoms are felt in the	<input type="checkbox"/> Spine / Pelvis	<input type="checkbox"/> Upper Limb/Arm	<input type="checkbox"/> Lower Limb/Leg
The symptoms have been present for	<input type="checkbox"/> Less than 2 weeks	<input type="checkbox"/> 2 – 6 weeks	<input type="checkbox"/> More than 6 weeks
The employee HAS suffered from these symptoms/this condition before/in the past			<input type="checkbox"/>
The employee HAS NOT suffered from these symptoms/this condition before/in the past			<input type="checkbox"/>
The employee is off work due to this condition			<input type="checkbox"/>
The employee is experiencing difficulty at work due to these symptoms			<input type="checkbox"/>
<b>OTHER RELEVANT INFORMATION:</b>			

<b>THE DUTIES OF THE POST INCLUDE:</b>	
<input type="checkbox"/> Shift working/overtime/standby duties	<input type="checkbox"/> Bending/kneeling/squatting/crouching
<input type="checkbox"/> Standing/sitting for prolonged periods	<input type="checkbox"/> Regular use of ladders/steps
<input type="checkbox"/> Working in awkward postures/confined spaces	<input type="checkbox"/> Working at heights
<input type="checkbox"/> Regular lifting/handling	<input type="checkbox"/> Regular walking/climbing
<input type="checkbox"/> Regular over-arm stretching	<input type="checkbox"/> Repetitive hand/arm action
<input type="checkbox"/> Electrical/technical/safety critical work	<input type="checkbox"/> Regular computer/VDU use
<input type="checkbox"/> Regular use of machinery/power tools	<input type="checkbox"/> Regular front line customer contact
<input type="checkbox"/> Lone working	<input type="checkbox"/> Noise hazard area
<input type="checkbox"/> Working with respiratory irritants or sensitisers	<input type="checkbox"/> Working with skin irritants/sensitisers
<input type="checkbox"/> Working with biological agents	<input type="checkbox"/> Working with chemicals
<input type="checkbox"/> Other hazards ( <i>please state below</i> )	



## EXPLANATORY NOTES FOR EMPLOYEES - INFORMATION ABOUT YOUR OCCUPATIONAL HEALTH ASSESSMENT

### **What Is Occupational Health (OH)?**

Occupational Health (OH) is a specialist branch of healthcare concerned with the *effects of work upon health* and the *effects of health upon work*. OH can advise on issues such as fitness for work, sickness absence, disability, rehabilitation, ill-health retirement, travel health, health promotion, or indeed any health and work issue.

### **What Is An OH Assessment?**

An OH assessment provides independent, impartial advice to you and Falkirk Council as your employer about your health and work. The assessment may be performed by an OH Adviser (a nurse trained in OH) or an Occupational Physician (a doctor trained in occupational medicine).

### **Why Do I Need An OH Assessment?**

Your line manager will usually have referred you for the OH assessment. The benefit of attending the OH assessment is that it gives you the opportunity to discuss your medical history with an OH professional, and how it impacts on your work. The OH professional can review with you all the circumstances relating to your referral, thereby providing your manager and you with fair and objective advice about your health and fitness for work, both in the short and longer term.

### **Do I Have To Attend An OH Assessment?**

Yes. You are expected to comply with a management referral and attend OH, but we can only conduct the assessment with your consent. It is important to understand that it is usually very much in an employees' interests to participate in an OH assessment. If you do not attend for an assessment, Falkirk Council will have to make decisions about your employment without the benefit of any health advice.

If you are unhappy about why you have been referred, or if you don't wish to attend, then you should discuss this further with your manager. You must also advise OH as soon as possible if, for whatever reason, you are unable to attend your appointment. Our contact details are at the foot of this guidance.

### **Now That I Am Attending An OH Assessment – What Happens Next?**

Your consultation is likely to last around 30 – 60 minutes. The OH professional will ensure that you understand the purpose of the assessment and his/her role in providing independent, impartial advice. Your consent will be sought for the assessment to proceed and for an OH report to be sent to your manager. If an examination is necessary, your permission to proceed with this will also be sought.

### **What Information Will Be Passed To My Manager?**

The OH professional will provide a report to the referring manager about your health and work. This is likely to include advice about your fitness for work and any workplace adjustments that

might help you. The aim is to help you and your employer to protect your health at work. Clinical information is kept to a minimum to maintain medical confidentiality.

### **Can I Find Out What Will Be In My OH Report?**

Yes you can, in several ways. It is important that the OH report contains “no surprises” for you. First, the OH professional will outline to you, at the end of the assessment, what will be in the report. Second, we will routinely send you a copy of your OH report at the same time as we send it to your manager, unless you indicate that you don’t want to see it. If you so wish, we can also make arrangements to send you a copy of your report a few days before we send the report to your manager. The options are summarized as follows:

1. You can elect not to receive a copy of the OH report.
2. You can elect to have a copy of the report at the same time that it is sent to your manager.
3. You can elect to have a copy of the report a few days before it is sent to your manager.

We will also outline these options at the end of your assessment.

### **Can I Ask For Changes To Be Made To My OH Report?**

Doctors and Nurses are not able to change their professional opinion in a report. They can only make changes to a report to correct a factual inaccuracy; e.g. if we have made an error regarding your DOB or job title. If you identify a factual error that you want us to correct, you should contact us as soon as possible. If you do so within a few days we will be able to amend the error before the report is sent to your employer, sending you a revised copy. Any comments you send us will be placed on your confidential file. Finally, don’t forget that if you have any queries or comments, as a result of the OH report, the best thing is to raise these with your manager; this is often a very useful step for employees.

### **How Are My Confidential OH Records Maintained?**

Your OH records are maintained to the same high standard of confidentiality as hospital or GP records, in accordance with the Data Protection Act (DPA) 1998. Your OH record will not be disclosed to anyone else outside of OH without your consent.

### **Will There Be Any Need For You To Contact My GP Or Hospital Specialist?**

Occasionally the OH professional will seek (with your written consent) a medical report from your GP or hospital specialist. This is usually necessary if the OH professional requires further clinical information about your health, (e.g. information regarding your diagnosis, results of investigations, treatment, prognosis etc.) prior to advising you/your manager. The process is subject to the *Access to Medical Reports Act 1988*. This gives you certain rights (including a right to see your doctor’s report, if you wish, before it is sent to us).

Under some circumstances the OH professional may write to your GP, with your consent, giving information about the outcome of your assessment. This can be particularly helpful to you where there are clinical findings or work arrangements that the OH professional believes your GP should be informed of.

### **What Should I Bring With Me To The Assessment?**

- Your appointment letter
- Proof of your identity; your company ID pass will do
- Any medication or a list of medication that you have been taking
- Glasses and/or contact lenses, if worn, and if you are attending for a medical examination
- Any other information that you think may be relevant to your assessment.

Our telephone number: **01324 508757**

Our address: **Office 7, Grangemouth Enterprise Centre, Falkirk Road,  
Grangemouth, FK3 8XS**

E-mail: [admin.occhealth@falkirk.gov.uk](mailto:admin.occhealth@falkirk.gov.uk)

If you have any questions regarding this process, you should talk to your manager in the first instance. Otherwise, you may contact Human Resources in confidence at:

Corporate & Housing Services  
Municipal Buildings, Falkirk, FK1 5RS  
Tel: 01324 506222

**GUIDELINES FOR EMPLOYEES BEING CONSIDERED FOR ILL-HEALTH RETIRAL  
AND DISMISSAL ON THE GROUNDS OF ILL-HEALTH**

**1. Introduction**

Where the Council's Medical Adviser has reported that your absence is likely to continue for the foreseeable future, or that you are no longer capable of carrying out the duties of your post, and all assistance, such as the provision of aids or adaptations, redeployment, alternative employment, or supported employment has been ruled out, the only option available may be to terminate your employment. This is called a dismissal ill-health capability grounds. Where a Certificate of Permanent Incapacity has been issued by the Council's Medical Adviser, it is also known as ill-health retiral.

The term "dismissal" is not intended in any way to suggest disciplinary action against you, but is the technical term used to describe the termination of the employment contract by the employer.

**2. The Meeting**

Your manager/Head of Service will meet with you, either informally or formally depending on circumstances, to discuss the outcome of your medical referral. Where a formal hearing takes place, this will be conducted in line with the Council's Capability Policy. You can be accompanied at such meetings by a representative of your choice e.g. trade union representative or family member.

Your manager/ Head of Service will go over with you the facts of your case, and you will have the opportunity to respond to this and may ask questions. Please take time to think about what is being said, and discuss it with your representative if you wish. Your manager/ Head of Service will then consider this information and confirm their decision.

If it is decided that you will be dismissed, your manager/Head of Service will go over with you the details of what the dismissal involves, covering your entitlement to pay in lieu of notice, holiday pay, pension and lump sum where appropriate, and the official date of termination. He/she should also give you time to go through this guidance, in case you have any queries. A letter will be sent to you shortly after the meeting/ hearing, confirming the details given at the meeting/hearing.

**3. General Information**

**3.1 Pay and Pension Entitlements [Local Government Pension Scheme]**

If your employment is being terminated as a dismissal on capability grounds, you are entitled to pay in lieu of notice up to a maximum of 12 weeks, depending on your length of service. Pay in lieu of notice is taxable. You may also be entitled to some holiday pay. This will have been explained to you by your manager at the hearing.

Your pay in lieu of notice and holiday pay will be paid at the next available pay day following your agreed termination date and your P45 will be issued. This also applies if

you are being retired early on ill-health grounds but you are not a member of the Local Government Pension Scheme.

If you are being retired early on ill-health grounds, and you have contributed to the Local Government Pension Scheme and meet certain service requirements, you will be entitled to a pension and a lump sum benefit from the scheme in addition to the pay in lieu of notice and any holiday pay payable.

### **Ill Health Retirement**

In order to qualify for ill health retirement, you have to be permanently incapable of efficiently discharging the duties of your employment as a result of ill health or infirmity of mind or body. The assessment as to your state of health for ill health retirement purposes has to be undertaken by a doctor who holds a qualification in occupational health medicine and who has been approved by the Pension Fund to provide medical opinions for the Council. The doctor who makes the ill health assessment must not have previously been involved with your medical referral.

The doctor will only deem you to be permanently unfit, if, in their opinion, it is more than likely that you will be unable to return to your duties before age 65.

If you are deemed permanently unfit for your Council duties, then the doctor will next consider if you are unfit for all employment or fit for some employment. This is important since the ill health category that you fall into will determine the level of scheme benefit you receive. Bear in mind that it is the role of the doctor to give an opinion regarding your state of health. It remains the role of the Council to determine the date and reason for your cessation.

If you are granted ill health retirement and fall into the more serious category (the “upper tier”), then your benefits will be based on the pensionable membership you would have accumulated by age 65. Alternatively, if you fall into the less serious category (the “lower tier”), then your benefits will be based on your pensionable membership to date of retirement plus 25% of the period from your date of retirement to age 65. If you were a member of the Local Government Pension Scheme before 1<sup>st</sup> April, 2009, your benefits cannot be less than that which would have been payable had you retired under the pre 1<sup>st</sup> April, 2009 scheme rules.

If you have any concerns such as being refused ill health retirement or being required to take ill health retirement, you have a right of appeal under the rules of the Local Government Pension Scheme. Details of your right of appeal should be provided to you by your employer. If this does not occur, you can contact the Pension Section for appeal information.

Ill health retirement benefits from the pension scheme consist of an annual pension and, in most cases, a lump sum.

Under current tax rules the lump sum benefit is not taxable, whereas the annual pension is taxable. However, the extent to which you actually pay any tax will depend on the amount of your pension, whether or not you receive any State benefits and whether you have any other income.

When you leave, the Pension Section will retain your P45 so that your current tax code can be applied to your pension. This is to provide continuity of your tax position once your pension comes into payment.

The Pensions Section should be advised by your manager/Head of Service of your impending ill-health retirement as soon as this is agreed. The Pensions Section will subsequently receive a copy of the Certificate of Permanent Incapacity from Human Resources.

Your manager/Head of Service should have obtained an estimate of the amounts of your pension and lump sum, but the Pension Section will write out to you with final details once they have been notified of your termination date. You will be sent a Pension Enrolment Form to complete, and you will be asked to let the Pension Section see your birth certificate (as well as marriage certificate and spouse's birth certificate, if appropriate). If you send the certificates by post, please use the Recorded Delivery service or send photocopies.

Once the Pensions Section have received notification of your retiral, and seen the certificates, they will normally issue the lump sum payment within seven working days. Your pension will be paid into your bank account on the 15th of each month, and you will be sent a monthly payslip. It may not be possible for the first pension payment to be in your account on the first 15th of the month following your retiral, but if this happens you will get the full amount backdated to the date of your retiral on the next 15th of the month.

Example: if you were retired on 30 November, you would probably not receive your first pension on 15 December, but the pension paid on 15 January would cover the period from 1 December. You would have received your lump sum benefit probably in mid-December, depending upon the date the Pension Section saw your birth certificate and received the notification of your retirement.

If you have any queries, call the Council's Pensions Section on 01324 506329.

### 3.2 **Pension Entitlements [Scottish Public Pensions Agency - Teachers' Scheme]**

For teachers, pensions are governed by the Teachers' Superannuation [Scotland] Regulations, and ill health retirals are at the discretion of the SPPA. If you have any queries, call the Pensions Administrator at the SPPA, 7 Tweedside Park, Tweedbank, Galashiels TD1 3TE, Tel: 01896 893000.

### 3.3 **Statutory Sick Pay and Employment & Support Allowance**

When you first go off sick, you receive Statutory Sick Pay (SSP) as part of your normal sick pay. If your absence goes over 28 weeks, you may be eligible to claim Employment & Support Allowance via JobCentre Plus.

### 3.4 **Welfare Benefits Advice**

If you need any help at all with any forms, or with any benefits issue, you can get private and confidential advice from the Council's Welfare Benefits Advice Service. They will help you if you are trying to claim benefits, or if you have been refused benefits. They

will even represent you at appeal tribunals. It would be sensible to get in touch with an Adviser, so that you can be sure you are getting all the benefits you are entitled to.

Call the ***Benefits Hotline*** on **01324 501404**.

Or you can call in to any Council One-Stop-Shop, or to any Social Work Office.

If you live outwith the Falkirk Council area, you should contact your local Council, who will probably have a similar service.

The Disability Information Service can also provide specialist information, advice and advocacy. They have a wide range of information on charitable grants, transport, education, housing, welfare benefits, and aids and adaptations.

Call **01324 504304** [Answer phone operates out of hours and weekends.]

### 3.5 **Getting out and about - Where to get help**

If you have problems getting about, or have to rely on family and friends to take you out and about, there are several schemes in the area which might help you.

1. *Concessionary Travel Pass*

You may be entitled to reduced fares on trains and buses. Ask at the Concessions Unit, Falkirk Council, Abbotsford House, David's Loan, Falkirk FK2 7YZ, Telephone 01324 506420. If you live outwith the Falkirk Council area, then contact your local Council for information.

2. *Dial-A-Journey*

If you are unable to use ordinary buses due to mobility problems, you may be able to use the Dial-A-Journey door-to-door transport service. Telephone 01786 465355 for further information. This service covers Falkirk, Stirling and Clackmannanshire Council areas.

3. *Taxicard Scheme*

This scheme allows people who are unable to use buses to travel in taxis at reduced rates. Telephone the Transport Planning Unit on 01324 504964, or the Disability Information Service on 01324 506420 for an application form and/or further information.

4. *Central Shopmobility*

This is a scheme which offers free loan of powered and manual wheelchairs to make shopping easier in the town centres of Falkirk, Grangemouth, Stirling and Alloa. Escorts may also be available. Contact the Central Shopmobility office at Callendar Square Shopping Centre, Falkirk, Telephone 01324 630500.

These schemes, and many others are available free of charge to people who have health problems, disabilities or mental health problems, which affect their ability to get out and about. Contact the addresses given, or get in touch with the Disability Information Service on 01324 504304.

# MEMO

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To: Payroll Manager

Cc: Human Resources

From: Manager Ext

Date:

**SUBJECT: APPLICATION FOR ANNUAL LEAVE WHILST ON SICK LEAVE,  
EMPLOYEE NAME, EMPLOYEE NUMBER**

Please find attached a letter applying for annual leave whilst on sick leave from the above named employee.

I would appreciate if you could make arrangements for the adjustment to their pay to be made to reflect annual leave between START DATE and END DATE.

Should you have any queries as to the content of this memo please do not hesitate to contact me on the number above.

**TITLE**