



SICKNESS ABSENCE MANAGEMENT POLICY

Introduction

1. This policy balances the City of London's need to manage sickness absence effectively with the organisation's commitment to supporting the health, safety and welfare of its employees.
2. The policy details the procedure employees must follow to report and evidence periods of sickness absence and the sick pay provisions available to them. It also identifies the procedure line managers should follow to effectively manage absence and to identify levels of absence that give cause for concern.
3. Whilst this policy applies to employees who have completed their probationary period, probationers must comply with the notification requirements detailed within it and line managers must continue to apply the policy's principles of good absence management to them. Casual workers are not covered by this policy, however, they may be eligible for payments of Statutory Sick Pay.
4. This policy should not be used in situations where poor attendance may be related to alcohol or drug use. In such instances line managers should refer instead to the [Alcohol and Drug Misuse Policy](#) (Employee Handbook - Section B13).

Definitions of terms used within the policy

Term	Definition
Short term sickness absence	Sickness absence periods of less than 4 weeks' duration covered by a self certificate or a medical certificate.
Long term sickness absence	Prolonged illness or incapacity, covered by a medical certificate, which means that an employee will be away from work for 4 weeks or more.
Sickness Absence Review Group (SARG)	A forum of professional advisors available to assist in the management of specific cases.
Trigger point	A pattern / level of absence at which a line manager will consider instigating the formal absence management procedure.
Underlying medical condition	A term used when a series of individual absences, for reasons which may be varied, are linked by one common underlying medical condition (which may be a disability), as confirmed by a doctor or occupational health advisor.
First / Second Notice of Concern	A formal letter, used in the management of short term absence, which sets out timeframes for reaching, and maintaining, an acceptable standard of attendance to avoid the next stage of the formal absence management process being invoked.

Policy principles

5. Cases of ill-health or injury will be approached in a supportive and understanding manner, with related periods of absence being dealt with promptly, sensitively and appropriately by line managers throughout the City of London. Genuine ill health or injury **will not** be considered a disciplinary matter and all formal and informal action will be taken under the provisions of this policy.
6. In clear cases of misconduct, the [Disciplinary Procedure](#) (Employee Handbook - Section B7) will be followed instead. Examples of misconduct are show below:
 - Unjustifiable failure to follow the sickness absence [notification rules](#);
 - Unsatisfactory reasons for sickness absence (e.g. vague reasons such as 'ill' / 'unwell' or reasons unrelated to illness or injury);
 - Unauthorised absence resulting from failure to report absence or provide medical or self certificates;
 - Carrying out an activity which cannot be reasonably consistent with the nature of sickness absence;
 - Deliberate provision of false information including falsification of medical or self certificates.

Responsibilities

7. **Employees** are required to:
 - Maintain regular and punctual attendance at work;
 - Safeguard their health and take appropriate action to facilitate a speedy return to fitness when they are absent from work;
 - Follow the rules relating to reporting and certificating sickness absence;
 - Maintain appropriate contact with their line manager / work base during periods of sickness absence and be available to attend necessary meetings / Occupational Health (OH) appointments relating to their absence; and
 - Actively engage in the sickness absence management process.
8. **Line managers** are responsible for:
 - Promoting a healthy and safe workplace and encouraging regular attendance;
 - Informing employees of their duties and obligations under this policy;
 - Pro-actively managing the sickness absence of employees within their teams, in line with the policy, and making timely case management decisions;
 - Maintaining regular contact with absent employees;
 - Conducting return to work meetings with their employees after every period of sickness absence;
 - Ensuring the sickness absence policy is applied fairly and consistently; and



- Reporting all periods of sickness absence to their Departmental HR team, to ensure accurate records are maintained and correct payments made.

9. Departmental Human Resources are responsible for:

- Providing sickness statistics to line managers and highlighting areas for action; and
- Providing support and guidance to line managers on sickness absence cases.

10. Corporate Human Resources are responsible for:

- Providing advice on complex sickness absence cases; and
- Reviewing absence trends on a corporate basis and recommending improvement activities when required.

Sick pay provisions

11. Employees who are sick, who follow the correct procedure for reporting and certificating their absence, will be eligible to receive occupational sick pay.
12. Eligibility for occupational sick pay is calculated on a 12 month rolling basis, by reference to the year preceding the start date of each sickness period. For example: if a period of sickness commences on 1 July 2009, the sick pay provision detailed in the table below is reduced by the number of days' sick pay the individual has received in the period from 2 July 2008. Conditions at the start of the absence rule the whole period, therefore, reaching a scheme anniversary date whilst off sick **would not** increase the sick pay provision due during that period of absence.
13. The provisions in the table below represent the **maximum** amounts payable. Whilst the full pay provisions shown are inclusive of Statutory Sick Pay (SSP) entitlements, SSP is paid in addition to any half pay provision.

Length of Service	Full pay provision (inclusive of SSP)	Half pay provision (exclusive of SSP)
Under 6 months	30 calendar days	30 calendar days
Over 6 months but less than 1 year	60 calendar days	60 calendar days
Over 1 but less than 2 years	90 calendar days	90 calendar days
Over 2 but less than 3 years	120 calendar days	120 calendar days
Over 3 but less than 5 years	150 calendar days	150 calendar days
5 years and over	180 calendar days	180 calendar days

14. Action, up to and including dismissal, may be taken under the formal procedure **prior** to the employee's maximum sick pay provision being exhausted.

Withholding sick pay

15. Occupational sick pay may be withheld in circumstances where an individual's absence is due to illness or injury attributable to:
- Misconduct e.g. inappropriate behaviour at work, such as horseplay or harassment (this may be dealt with under the [Disciplinary Procedure](#));
 - Participation in any activity or course of action which delays their recovery or return to work (this may be dealt with under the [Disciplinary Procedure](#));
 - Sport as a paid activity;
 - Elective surgery (e.g. cosmetic);
 - Undertaking paid work other than for the City of London;
 - Engaging in dangerous sports or activities such as hang-gliding, para-gliding, flying aircrafts, parachuting, bungee jumping and base jumping. *N.B: It is strongly advised that employees who do participate in these types of activities take out injury insurance.*
16. Sick pay may also be withheld if an employee fails to follow the [notification / certification](#) procedures or comply with reasonable requests for contact / meetings.
17. Any decision to withhold sick pay requires the approval of the Director of HR.

Accidents, injuries and 3rd party claims

18. All accidents arising out of, or in the course of, employment must be reported by the employee to their line manager immediately and an [Accident Report Form](#) completed (guidance on accident investigating is available on the [Health and Safety](#) pages of Colnet). If the accident results in an absence from work, the usual [notification](#) and [certification](#) procedures apply.
19. Should an employee become unable to work because of a reported injury or disease contracted in the actual discharge, and specifically attributable to, the nature of their duties (and accepted as such by the City of London) they will be covered by the [Personal Injury Allowance Scheme](#) (Employee Handbook - Section A13).
20. If an employee who is absent from work as the result of an accident intends to take legal proceedings against a third party to claim damages in respect loss of earnings, or where their injury will produce a claim to the Criminal Injuries Compensation Board, they must notify their line manager immediately. In these circumstances, sick pay will be granted as a loan and if an award is made for loss of earnings it will be recovered from future payments due to the individual, or directly from the third party. An employee's maximum sick pay provision will not be reduced by this period once the recovery has been made.

Medical appointments

21. Employees will not be granted paid time off work for routine medical, dental or optical appointments (i.e. where the employee chooses to make the appointment and has control over the time and date it is booked). Such appointments should be made, where possible, in the employees own time, or outside core hours where the employee utilises the flexi-time scheme. Where an appointment cannot be made in the employee's own time / outside core hours, it must be made as near to the beginning or end of the working day as possible, and the employee will be required to make up the lost time.
22. Paid time off work will be granted to attend appointments for necessary health related treatment prescribed by an appropriate medical practitioner or health worker (e.g. hospital or consultant appointments) subject to the production of an appointment card, letter or other form of evidence. Whilst a record will be kept of such appointments, the time off will not form part of the individual's sickness absence record.

Pregnancy related sickness absence

23. Pregnancy related absences will not count towards trigger points. If a female employee has any absence which is related to pregnancy, including miscarriage, this should be clearly identifiable (i.e. recorded as pregnancy related sickness). Any sickness absence occurring during a woman's pregnancy which is not pregnancy related will count towards trigger points in the usual way.
24. If an employee is absent due wholly or partly to a pregnancy related illness during or after the fourth week before her expected week of childbirth, her maternity leave will automatically commence. Refer to the [Maternity Scheme](#) (Employee Handbook - Section B4a).

Sickness and annual leave

25. Contractual annual leave will continue to accrue during periods of sickness absence.
26. Employees who are prevented from taking at least 4 weeks' paid leave (20 days for FTE employees working a 5 day week **inclusive** of Bank / public holidays) within the current leave year, due to sickness absence, have a statutory right to carry forward the difference into the new leave year. In such instances, there will be no set time within which the carried forward leave must be used.
27. If an employee becomes sick during a period of **booked** annual leave (i.e. at a time when they would otherwise have been due to attend their workplace), this will only be recorded as sickness absence (and annual leave re-credited) where the individual reports their sickness to their line manager in accordance with the normal [notification procedure](#) and provides satisfactory evidence of their incapacity (i.e. self certificate / medical certificate from a UK or foreign doctor). Where an



individual become sick whilst overseas and there is a significant time difference, they should report their sickness to their line manager at the earliest possible time

28. Where an employee who falls sick whilst on holiday overseas is due to return to work, they should return to the UK as soon as their condition allows so that appropriate medical advice can be obtained.
29. 'Annual leave' will never replace 'Sickness' as the recorded reason for absence when an employee reports that they are unable to work due to ill health or injury.

Maintaining contact during sickness absence

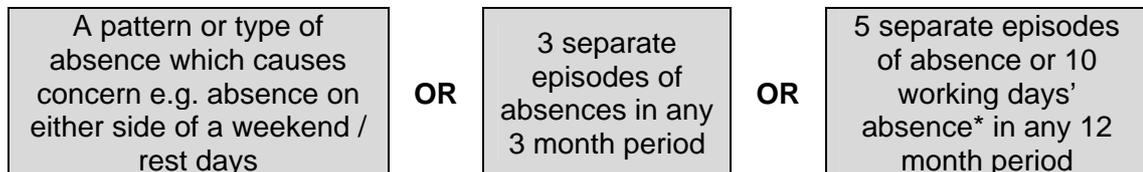
30. Maintaining regular contact with an absent employee is a key factor in facilitating their return to work as it reinforces their connection with the workplace and reduces feelings of isolation / apprehension to return. Regular contact also enables the line manager to effectively manage the absence, offer appropriate support to the employee and facilitate an effective and timely return.
31. When an employee telephones to report their absence, their line manager will agree the date and form of the next contact with them (e.g. it may be that contact is required from the employee after a medical appointment to provide an update).
32. If an employee's absence is ongoing, their line manager must discuss and agree the best way to remain in **regular** contact with them (e.g. by telephone, in writing, meetings at the work base or home visits) and the specific frequency of it.
33. Whilst on sickness absence, employees are responsible for remaining in regular contact with their line manager or nominated representative (to keep them updated on their progress) and for being available during their normal hours of work to attend meetings and appointments related to their sickness absence arranged by the City of London.
34. Where an employee on sickness absence wishes to spend a period of time away from home (e.g. to be cared for by a relative or for recuperative purposes) they must discuss this with their line manager in advance and provide contact details for their temporary place of residence. In such circumstances, the line manager may seek advice from OH on whether the break will be beneficial to the individual's recovery. Where the nature of the planned break indicates that the employee's health has improved sufficiently for them to undertake some or all of the duties of their role, the line manager will actively explore this with them.

Trigger points

35. To enable the effective and timely management of short term sickness absence, the City of London has established a set of trigger points. Whilst line managers will already be proactively managing sickness absence through return to work meetings, where a trigger pattern / level is reached they will review an individual's absence record and make an informed decision, in consultation with their

departmental HR representative, on the appropriateness of instigating the [formal procedure](#). The formal procedure will be invoked when triggers are reached unless there are objective reasons for delaying such action. Where a line manager decides to delay instigating the formal procedure they will be required to place a note on file detailing their objective reasons for this.

36. Where it is known, due to the nature of the employee's illness or injury, that their absence will be long term, or where their intermittent absence is related to an underlying medical condition (which has been confirmed by OH), the standard trigger points **will not** apply (see instead paragraph 71 [Informal management of long term sickness absence / intermittent absence caused by an underlying medical condition](#)).
37. The standard trigger points are:



* *The working day trigger will reduce to 9 days from January 2011 and to 8 days from January 2012, subject to a review at the end of each period of reduction.*

The working day trigger level relates to employees who are contracted to work a 5 day week and will be adjusted (on a pro-rata basis) downwards for those who work less than a 5 day week / upwards for those who work more than a 5 day week.

Occupational Health (OH) referrals

38. The purpose of an OH referral will be to obtain advice on:
- Whether the employee has an underlying medical condition;
 - The impact of a health problem on the employee's ability to perform some or all of their work;
 - Timescales for expected improvement;
 - An opinion on the implications (if any) of the Disability Discrimination Act 2005;
 - Temporary or permanent adjustments to the work place or tasks that would assist in maintaining health and reducing the effects of the health problem on attendance and performance;
 - An opinion on medical suitability for redeployment / suitable alternative work;
 - Proposals for case management or a rehabilitation programme, where appropriate.
39. Before making a referral, line managers will discuss and explain the reasons for it with the employee concerned and encourage them to have an open and honest exchange of information with the OH practitioner.

40. In all cases of referral, the quality of information provided to the OH practitioner will impact upon the quality of advice received. It is, therefore, important that line managers provide full written details using the OH Referral Form. Detailed guidance on occupational health referrals and the information which must be provided can be found in the [Management Guidance on Occupational Health Referrals](#) document on the OH Service pages of Colnet.
41. OH advice given to the line manager **will not** contain confidential medical details. The advice will focus on the effects of a health problem on an employee's work attendance or performance, or the effects of work on an employee's health. It is the responsibility of the line manager to use the information provided to inform their decisions about how to proceed with the case, and to report back the actions taken and their outcomes to the OH Service.
42. If an individual fails to attend an OH appointment, a further appointment will be made. Should they fail to attend a rearranged appointment, or should the employee refuse to attend an OH referral in the first instance, the City of London will take reasonable steps to manage their absence based on the information available at the time (i.e. without the insight that would have been available on receipt of medical advice).
43. Where the OH advisor requires details of the employee's medical history, the employee will be asked to provide their written consent for the doctor to contact their GP / specialist to request a copy of relevant medical records / a medical report. Any such request will be subject to the employee's rights under the Access to Medical Reports Act 1988 (details of which can be found on the [OH Service pages](#) of Colnet). Where the employee refuses their consent, steps will be taken based on the information available at the time.

Avoiding disability discrimination

44. The Disability Discrimination Act (DDA) 1995 makes it unlawful for the City of London, as an employer, to discriminate against an employee on the grounds of their disability, or to unjustifiably treat a disabled worker less favourably than a worker who is not disabled for any reason related to the individual's disability. The act defines disability as "a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities".
45. For the purposes of managing sickness absence, the Act places a responsibility on the City of London to consider all reasonable adjustments in the work place which would enable an employee to continue in employment and to provide evidence, where appropriate, of why adjustments cannot be made.

Reasonable adjustments

46. The following adjustments will, in all cases where an individual is covered by the DDA (as advised by the OH Service), be considered on either a temporary (rehabilitative) or permanent basis:
- Changes to job duties – e.g. exempting an office based employee with a bad back from tasks which involve bending and lifting, such as filing.
 - Changes to the method of doing the job – e.g. allowing an employee with reduced mobility to participate in off site meetings via telephone conferencing.
 - Changes to working hours – e.g. allowing a later or flexible start time or granting more frequent or longer rest breaks.
 - Transfer to a different workplace – e.g. moving someone with limited mobility to a ground floor location.
 - Adjustments to procedural requirements – e.g. tolerating a higher than average level of sickness absence where this is due to a disability; allowing an employee to take paid time off work (at times which cause minimal disruption to the service wherever possible) for treatment which is likely to alleviate their condition.
 - Provision of additional / tailored training, coaching, mentoring or supervision if the employee is moved to new job duties as a result of partial incapacity.
 - Modification of premises or equipment – e.g. widening a doorway or changing the direction in which a door opens to allow wheelchair access.
 - [Redeployment](#) to a role better suited to the employee's medical needs.

N.B. This list is not exhaustive

47. Whilst OH will advise on adjustments from a medical point of view, the line manager must consider, from an operational view point, whether the suggestions are reasonable and capable of being implemented. In considering the reasonableness of an adjustment, the line manager will complete the [Reasonable Adjustment Check List](#) (available on the HR Tools section of Colnet), seeking HR advice where necessary.
48. Temporary or permanent adjustments will also be considered in circumstances where, although the employee's condition does not fall under the DDA, it is identified that such measures would support the individual's return to work, or reduce their level of sickness absence.

Phased return to work

49. A phased return to work is a form of temporary adjustment which enables employees who have had a long term absence to return to work at an early date, with the ultimate aim of attaining full fitness to work in a short timeframe.
50. A phased return will only be considered (following advice from OH) where there is a foreseeable return to normal hours and/or duties within a short timeframe (i.e. a period of between 1 week and a maximum of 3 months). A phased return may not

be appropriate where an employee's absence is related to a disability. In such circumstances a permanent adjustment may need to be considered instead.

51. Where an employee is returning to work on a phased basis, their return to work plan will be tailored to meet their medical needs, regularly reviewed (e.g. weekly) by their line manager and adjusted as necessary to support their return to full hours / duties.
52. During a phased return to work on reduced hours an employee will receive no less than the amount of pay they would have received if they had continued to be on sickness absence, or the pro-rata amount of their basic salary for the actual hours worked where this is greater. As employees continue to accrue annual leave during long term sickness absence, where the individual has gone onto half pay or unpaid absence, it may be advantageous to both the individual and the City of London for their accrued annual leave to be used to support a phased return on reduced hours, as this would allow the individual to receive full pay for this period and allow the City of London to effectively manage their annual leave. An example of how this could work in practice is provided below:

Example of a phased return using accrued annual leave

- ◆ Sam has been on sickness absence for 3 months (a quarter of a year).
- ◆ Sam's full and half pay provision under the sickness absence scheme have been exhausted (i.e. if Sam remained on sickness absence, it would be unpaid).
- ◆ As a full time employee with an annual leave allowance of 28 days per year, 7 days' annual leave have accrued during Sam's absence.
- ◆ Sam's phased return to work will be over a 4 week period.
- ◆ In the first week of the phased return Sam will work a 2 day week and take the remaining 3 days as annual leave.
- ◆ In the second week of the phased return Sam will work a 3 day week and take the remaining 2 days as annual leave.
- ◆ In the third and fourth weeks of the phased return Sam will work a four day week and take the remaining 1 day per week as annual leave.
- ◆ At the end of the four week period Sam will have used 7 days' annual leave.
- ◆ In the fifth week Sam is back to full fitness and returns to working a 5 day week.

Record keeping & confidentiality

53. Line managers will maintain accurate records of:
 - Dates of absence/s, nature/category of illness and type of certification provided;
 - Dates of contact with the employee, and method (i.e. telephone, letter, visit);
 - Dates and notes of all meetings; and
 - Details of any actions taken under the sickness absence management procedure and the outcomes of implementing them.



54. Sickness absence records and medical reasons for absence will be treated as sensitive personal data and strictly confidential in accordance with the Data Protection Act and the City of London's [Employee Data Protection Policy](#) (Employee Handbook - Section B22).
55. Sickness absence details will only be discussed on a need to know basis. (e.g. with HR, OH or SARG to obtain advice) and will not be disclosed to other parties without the employee's prior consent.

Sickness absence procedure

56. The procedure that should be followed for reporting and managing sickness absence is detailed in the sections below. This detailed guidance is supported by a flow chart in [appendix 1](#) which provides an overview of the steps in the procedure.
57. Whilst the procedure contains different approaches for managing short term and long term absence / intermittent absence cause by an underlying medical condition, all absence will be taken into account and managed through a single three stage process. For example, where an individual's frequent short term absence is being managed through the formal procedure and their absence subsequently becomes long term, it will be managed from the stage in the procedure that has already been reached, but the approach taken will be adjusted accordingly.

Sickness absence notification

58. Employees must follow the procedure in the table below (or agreed local arrangements where, for operational reasons, these are different) to report sickness absence to their line manager / work base.

Consecutive calendar day of absence	Notification requirements
Day 1	<p>Telephone your line manager and work base, within 1 hour of the time you were due to commence work, or as soon as medically possible thereafter, to inform them of:</p> <ul style="list-style-type: none"> • The symptoms of your illness; • The steps you are taking to assist your recovery; • When you expect to be fit to attend work again; • Whether you have any work commitments for the day(s) of your absence which will need to be covered/cancelled; • How you can be contacted during your absence, if necessary.
Day 4	<ul style="list-style-type: none"> • Contact your line manager / work base to provide them with an update on your condition.

Day 8	<ul style="list-style-type: none"> • Obtain a medical certificate; • Contact your line manager to provide them with an update on your condition including the details within the medical certificate (e.g. reason for absence and expiry date); • Forward the certificate to your line manager within 7 days of receipt.
Continuing absence	<ul style="list-style-type: none"> • Maintain regular contact with your line manager to keep them updated on your condition; • Provide additional medical certificates within one week of the expiry date of the previous one.

59. If an employee becomes unwell whilst at work and needs to leave early as a result, they must first inform an appropriate person (e.g. their line manager or a senior colleague). If the employee’s sickness continues to the following day they must follow the reporting procedure outlined in the table above from ‘Day 1’.
60. If an employee fails to report their absence, their line manager (or nominated representative) will attempt to contact them by telephone. If contact can not be made, the employee will be written to and given the opportunity to make contact. Failure to do so within the timeframe set out in the letter will result in their absence being classified as unauthorised.

Sickness absence certification

61. All employees will be required to complete a [Sickness Self Certification Form](#) (Pay 20 – Part 1) on their return to work.
62. Absence periods of 8 consecutive calendar days or more must additionally be supported by a medical certificate/s from a physician licensed to practise medicine in the UK (or a foreign physician where the employee is taken ill whilst overseas). Where an individual’s sickness is covered by more than one medical certificate, these must run consecutively (i.e. no dates should be uncertificated).
63. Employees who intend to return to work before their medical certificate has expired may be required, prior to their return, to obtain a statement from either their doctor or OH confirming they are fit to resume their duties.
64. The City of London may, at its discretion, require employees to obtain a medical certificate for shorter periods of absence. The cost of these certificates will be met by the employee’s department upon production of a valid receipt.
65. Failure to comply with the certification requirements set out above will result in the period of absence being classed as unauthorised which may result in payments being delayed / stopped and disciplinary action being taken.

Informal procedure



66. A Return to Work Meeting will be carried out by an employee's line manager after **every** period of sickness absence, irrespective of the length. This is proven to reduce absence by allowing for concerns and/or underlying issues to be identified and addressed in their infancy. The meeting will take place on the employee's first day back at work or, if extenuating circumstances prevent this, as soon as possible thereafter.
67. The meeting provides an opportunity for the line manager and employee to jointly discuss concerns and establish what support, if any, the City of London can offer to the employee to assist their recovery and minimise future absences. It is a two way process during which the manager will:
- Investigate and seek to understand the reasons for absence and any underlying medical, work, welfare or domestic issues;
 - Raise any concerns about levels or patterns of absence and explain the effect of the absence on the department / service / colleagues;
 - Explore any options which may assist the employee in improving their health and/or attendance including steps the individual could take and / or support the City of London could provide;
 - Identify improvements the employee needs to make, if appropriate at this point, and outline the consequences of failing to achieve the improvements;
 - Ensure the employee understands the formal procedure that may be instigated if / when trigger points are reached;
 - Bring the employee up to date on work matters;
 - Keep accurate records and notes of the matters discussed using the [Return to Work Meeting Record \(Pay 20 – Part 2\)](#);
 - Confirm, in writing (by providing a copy of the completed form to the employee), the points raised and follow-up actions; and
 - Set a date to review the employee's attendance, where appropriate.
68. Where the employee suggests, or the line manager suspects, that the absence is related to an underlying medical condition, a referral to OH should be arranged to confirm this (unless OH have already provided such confirmation).
69. Where an underlying medical condition (including disability) is identified as the reason for absence, managers should refer to the section below.

Informal management of long term sickness absence / intermittent absence caused by an underlying medical condition

70. The primary aim in managing long term sickness absence is to facilitate the employee's return to work at the earliest reasonable point by taking early steps to explore the nature and cause of the absence and identify what practical support can be provided. These steps will also be taken when managing intermittent



absence caused by an underlying medical condition with the aim of assisting the employee in reaching, and maintaining, a satisfactory level of attendance.

71. The starting point of the informal procedure will be for the line manager to have a supportive conversation with the employee as soon as it is known that their absence is likely to be long term / that their intermittent absence is caused by an underlying medical condition. During this conversation, the line manager should explain the need for a [referral to OH](#) (see paragraph 39), which must be arranged when a period of absence is expected to last for more than 4 weeks / an underlying medical condition is suspected. The OH referral can be undertaken in person or by telephone (depending on the nature of the employee's condition) and the purpose of it will be to obtain an assessment of:

- the effects of the employee's condition;
- the likely duration of their illness / condition; and
- whether there are any steps that could be taken to facilitate their return to work / improved attendance

N:B following advice from OH, the case may be referred to SARG for advice on the management of it prior to arranging a meeting with the employee.

72. On receipt of a report from OH, the line manager will set up a meeting with the employee to discuss the current position, their readiness to return to work, in the case of long term absence, and actions that could be taken to facilitate their return / improve their attendance. This discussion should include the consideration of:

- Steps that could be taken to facilitate the employee's return to work / improved attendance, including the consideration of implementing [reasonable adjustments](#) (see paragraph 47) on either a temporary (rehabilitative) or permanent basis; and
- For intermittent absence caused by an underlying medical condition, setting standards of improved attendance which must be met, and maintained including timeframes for improvement and dates for review; or
- For long term absence, agreeing a return to work plan setting out:
 - the goal and timeframe of the plan e.g. getting the employee back to 50% work capacity by date **x** and full capacity by date **y**;
 - any impact on the employee's terms, conditions or working arrangements;
 - the dates at which the plan will be reviewed.

73. At this meeting the line manager must ensure that the employee is made aware of the formal procedure that will be embarked upon should they fail to return to work / improve their attendance to the required level within a reasonably expected timeframe.

74. Following the implementation of the return to work plan / setting of targets for improved attendance, informal monitoring meetings should be held with the employee, at the agreed review dates, to evaluate the success of the measures



taken. It may also be necessary to discuss further actions required and to identify, where deemed appropriate, a further review period.

Formal procedure

75. Line managers will instigate the formal absence management procedure (unless there are objective reasons for delaying such action) when:
- Trigger levels / patterns are reached in the case of short term absence; or
 - The measures taken under the informal procedure for managing long term sickness absence / intermittent absence caused by an underlying medical condition do not result in a sustained return to work / improvement in attendance within the agreed timeframes.
76. Line managers should contact their HR representative to discuss the case prior to commencing the formal absence management procedure. The HR representative may also attend formal meetings to provide procedural advice.
77. The formal absence management procedure has three stages, which are:
- [First absence review](#)
 - [Second absence review](#)
 - [Meeting to consider dismissal](#)
- A crib sheet for line managers on preparing for and conducting absence review meetings can be found in [Appendix 2](#).
78. Employees will be provided with reasonable written notice, by their line manager, of all formal absence meetings and informed of their right to be accompanied.

Right to be accompanied

79. Employees have the right to be accompanied by a trade union representative or a work colleague at formal meetings held under the sickness absence management procedure (including appeals). It will be the responsibility of the employee to arrange to be accompanied, and to inform their line manager who their companion will be.
80. If the employee's companion is unavailable at the date / time of the proposed meeting, one alternative date / time will be offered within 5 days of the original date or, exceptionally, at another mutually agreed date.

First absence review

81. The purpose of a first absence review meeting is to explore the reasons for past absence/s with the aim of identifying any appropriate means of improving attendance levels in the future.



Short term sickness absence

- 82.** For short term absence, the first absence review meeting provides an opportunity to alert the employee to the difficulties being caused by the frequency or pattern of their absence, to identify any underlying causes and to agree a future attendance plan. The line manager should also consider referring the employee to Occupational Health to establish whether there is an underlying medical condition for their absences (if a referral has not already been completed).
- 83.** Following the absence review meeting, the employee's line manager will confirm the outcome in writing. This may include one or more of the following:
- Issuing a First Notice of Concern (FNC), setting out a review period (normally for a period of up to 6 months) during which the employee must reach, and maintain, an acceptable standard of attendance (this will include details of the standards which must be met, timeframes they must be met within, dates at which progress will be reviewed via monitoring meetings and the consequences of failing to reach the required standards);
 - The setting of standards of improved attendance which must be met, and maintained, in order to avoid a FNC being issued, including timeframes for improvement and dates for review (via monitoring meetings); and/or
 - Identification of practical help and support the City of London could offer / actions the employee could take to minimising future absence and timeframes for reviewing the impact of the changes on the employee's attendance.
- 84.** Following the first absence review meeting, the line manager will hold informal monitoring meetings with the employee at the agreed dates to review progress against the standards of improvement set and the success of any practical help / support offered.
- 85.** Where the standards set to avoid the issue of a FNC are not met and/or the practical support provided does not result in an improvement in attendance within the agreed review period, a formal meeting will be arranged, at which the employee will have the right to be accompanied, to issue a FNC to the employee (this may occur at any stage during the review period where the continuing pattern or level of absence warrants it).
- 86.** Where a FNC is issued, if the employee attains satisfactory attendance levels during the review period set out within it, they will be notified of this in writing. If, however, there are no signs of sufficient improvement either during or at the end of the review period, the second stage in managing sickness absence will be instigated (N.B. this may occur at any stage during the review period where the employee's continuing level or pattern of absence warrants the case being progressed to the next stage).
- 87.** Where an employee hits further trigger points within 6 months of the review period set out in the FNC ending, a formal meeting will be arranged by the line manager, at which the employee will have the right to be accompanied, to consider the



appropriateness of progressing to the second stage of the formal procedure. Where the employee hits trigger points within 7 to 12 months of the review period ending, the line manager will objectively consider (in consultation with their HR representative) the appropriateness of this course of action.

Long term sickness absence / intermittent absence caused by an underlying medical condition

- 88.** For employees with long term sickness absence or intermittent absence caused by an underlying medical condition (as confirmed by OH), the purpose of the first absence review meeting will be to sensitively explore:
- The impact of actions taken / adjustment made under the informal procedure to assist the employee in improving their attendance / returning to work;
 - The possibility of a return to work (in cases of long term absence) / improvement in attendance (in the case of an underlying medical condition);
 - Further adjustments or steps that may assist the employee in improving their attendance / returning to work;
 - The appropriateness of a further referral to OH to obtain up to date medical advice; and
 - The operational (workplace) impact of the absence/s.
- 89.** Following the absence review meeting, the employee's line manager will confirm the outcome in writing, which will include one or more of the following:
- A formal return to work plan (for employees on long term sickness absence) setting out:
 - the goal and timeframe of the plan;
 - any impact on the employee's terms, conditions or working arrangements;
 - the dates at which the plan will be reviewed; or
 - The setting of standards of improved attendance which must be met, and maintained (for employees with intermittent absence caused by an underlying medical condition) including timeframes for improvement and dates for review; and
 - Details of any practical support which will be provided and / or adjustments which will be made and timeframes for reviewing (via informal monitoring meetings) the impact of these measures on the employee's health and attendance.
- 90.** Following the first absence review meeting, the line manager will hold informal monitoring meetings with the employee at the agreed dates to review the success of the steps taken to improve the employee's attendance / support their return to work.
- 91.** If the employee attains satisfactory attendance levels / their return to work is successful during the review period, the employee will be notified of this in writing.



If there are no signs of sufficient improvements either during or at the end of the review period, the second stage in the formal procedure will be instigated (N.B. this may occur at **any** time during the review period where the employee's continuing level or pattern of absence, or new medical evidence from a subsequent OH referral or medical report, warrants the case being progressed to the next stage)

Second absence review

- 92.** The second absence review meeting will take a similar format to the first review meeting described above. In the case of long term sickness absence / intermittent absence caused by an underlying medical condition, however, where the absence is causing service delivery problems, at this stage the line manager must begin to consider alternative courses of action including (if they have not been explored already):
- [Redeployment](#) (Employee Handbook – Section B25); and/or
 - Approaching OH to obtain an opinion from the internal OH physician on the employee's eligibility for ill health retirement (see [Ill Health Retirement Procedure](#) on the OH Service pages of Colnet).

Short term sickness absence:

- 93.** Following the second absence review meeting, the employee's line manager will confirm the outcome in writing. This will include one of the following:
- Issuing a Second Notice of Concern (SNC) setting out a further review period (normally for a period of up to 12 months) during which the employee must reach, and maintain, an acceptable standard of attendance (this will include details of the standards which must be met, timeframes they must be met within and the dates at which progress will be reviewed via informal monitoring meetings). At this stage, the employee will be advised that dismissal may occur unless their attendance improves sufficiently within a second review period; or
 - The setting of standards of attendance which must be met, and maintained, in order to avoid a SNC being issued, including timeframes for improvement and dates for review (via informal monitoring meetings).
- 94.** Following the second absence review meeting, the line manager will hold informal monitoring meetings with the employee at the agreed dates to review progress against the standards of improvement set.
- 95.** Where the standards set to avoid the issue of a SNC are not met and/or the practical support provided does not result in an improvement in attendance within the agreed review period, a formal meeting will be arranged, at which the employee will have the right to be accompanied, to issue a SNC to the employee (this may occur at any stage during the review period where the employee's continuing pattern or level of absence warrants it).



96. Where a SNC is issued, if the employee attains satisfactory attendance levels during the review period set out within it, they will be notified of this in writing. If, however, there are no signs of sufficient improvements either during or at the end of the review period, the final stage in the formal procedure (meeting to consider dismissal) will be instigated (N:B this may occur at any time during the review period where the employee's continuing level or pattern of absence warrants the case being progressed to the next stage).
97. Where an individual issued with a SNC hits further trigger points within 12 months of the review period ending, a formal meeting will be arranged by the line manager, at which the employee will have the right to be accompanied, to consider the appropriateness of immediately issuing a further SNC.

Long term sickness absence / intermittent absence caused by an underlying medical condition

98. Following the second absence review meeting, the employee's line manager will confirm the outcome in writing. This will include one or more of the following:
 - A second formal return to work plan (for employees on long term sickness absence); or
 - The setting of further standards of attendance which must be met, and maintained (for employees with intermittent absence caused by an underlying medical condition), including timeframes for improvement and dates review; and
 - Identification of any further [adjustments](#), including [redeployment](#), to assist the employee in minimising future absences / returning to work and timeframes for reviewing the impact of the changes on the employee's health and attendance.
99. Following the second absence review meeting, the line manager will hold informal monitoring meetings with the employee at the agreed dates to review the success of the steps taken to improve the employee's attendance / support their return to work.
100. If the employee attains satisfactory attendance levels / their return to work is successful during the second review period, the employee will be notified of this in writing. If there are no signs of sufficient improvements either during or at the end of the review period, the final stage in the formal procedure (meeting to consider dismissal) will be instigated (N.B. this may occur at any time during the review period where the employee's continuing level or pattern of absence, or new medical evidence from a subsequent OH referral or medical report, warrants the case being progressed to the next stage).
101. Prior to a meeting to consider dismissal being held, where an employee's absence is long term or caused by an underlying medical condition, **and** the individual is a Local Government Pension Scheme member, the line manager must contact the OH Service to instigate a referral to an Independent Registered Medical Practitioner (IRMP) who will advise on the individual's eligibility for ill health



retirement. Whilst this referral process will run in parallel with the final stage in the formal procedure, under no circumstances will an individual's employment come to an end prior to the IRMP's opinion being received. On rare occasions this may necessitate an employee's period of notice being extended.

Meeting to consider dismissal

- 102.** Where the required levels of improvement / a sustained return to work is not achieved within the second review period, a formal meeting will be arranged to consider whether to dismiss the employee. The meeting to consider dismissal will be chaired by a Chief Officer or nominated senior manager at grade I / Chief Superintendent (City of London Police) / Deputy Head (in Schools) for employees up to a grade H. The Town Clerk & Chief Executive will chair the meeting for employees of Grade I or above. A HR representative will attend the meeting to provide procedural advice and both the employee and line manager will normally be in attendance.
- 103.** The employee will have the right to be accompanied at the meeting, by a trade union representative or work colleague, and will be given an opportunity to put their case forward.
- 104.** In considering whether to dismiss the employee, the senior manager chairing the meeting will take the following factors into consideration:
- The nature of any illness and medical opinions received;
 - The length and frequency of absences and periods of attendance between them;
 - The likelihood of continued or further periods of absence;
 - The impact the absence is having on the efficiency of the service.
- 105.** The following options will be considered by the Chief Officer (or equivalent) after hearing the employee's case:
- [Dismissal](#) (see section below);
 - [Redeployment](#) (see Employee Handbook – Section B25) to a suitable alternative position within the City of London Corporation;
 - In exceptional circumstances, setting a further fixed period for improvement.

Decision to dismissal

- 106.** For employees with a long term absence, or intermittent absence caused by an underlying medical condition (including disability), where no further reasonable adjustments can be made to improve attendance and no suitable alternative work (redeployment) within the department or across the City of London can be found, dismissal on the grounds of incapacity due to ill health will be a final consideration.



107. For employees with persistent short term absence without an underlying medical reason (as confirmed by OH), where their attendance has not improved following the issue of a Second Notice of Concern, dismissal on the grounds of capability due to poor attendance will be a final consideration.
108. If a decision is made to dismiss the employee, they will be informed of this in writing and given their contractual notice (or statutory notice where this is longer), during which they will receive their full contractual pay.
109. Where appropriate, redeployment searches will continue during the employee's notice period.
110. Where a decision is still outstanding on the employee's eligibility for ill health retirement, this should also be communicated within the letter.

Right of appeal

111. Employees have the right to appeal against any decision arising from the application of the **formal** elements of this policy.
112. To lodge their appeal employees must write to their Chief Officer (or the Director of HR for appeals against dismissal) detailing the grounds for appeal within 10 working days of receipt of the letter advising of the decision.
113. In compiling their written appeal employees should carefully consider the presentation of their grounds. A well structured and detailed submission will assist the employee in the appeal hearing as well as assisting the understanding of the person/s considering the appeal.
114. Appeals against dismissal will be heard by the Staff Appeals Committee. This Committee will be comprised of one Member, one Chief Officer, and one manager of Grade I or above.
115. Appeals against a First / Second Notice of Concern will be heard by the employee's Chief Officer or a nominated alternative Chief Officer.
116. Grounds for appeal may include, but are not limited to, matters relating to the application of this policy, the imposition of a formal sanction, mitigation or the interpretation of evidence. Exceptionally, grounds for appeal may include new information including witness statements.
117. Employees must appear in person at their appeal hearing unless the Chief Officer hearing the appeal or the Chair of the Staff Appeals Committee agrees otherwise. Employees may choose to be accompanied at their appeal hearing by a trade union representative or work colleague.
118. Appeal hearings will normally be on the basis of the detailed grounds for appeal submitted to the Director of HR. The employee or their representative will present



their detailed grounds for appeal first and management will respond to the specific grounds raised.

119. The decision made after the appeal hearing by the Chief Officer / Staff Appeal Committee will be final.
120. A more detailed note describing the appeal hearing procedure will be provided to all parties at the point details of the appeal hearing are confirmed in writing.
121. An appeal may be withdrawn by the employee before the hearing. Withdrawal of an appeal must be confirmed in writing to the Director of HR at least two working days in advance of the appeal hearing date (where this has been confirmed). The very late withdrawal of an appeal may be regarded as vexatious and grounds for further formal action.

Monitoring

122. The application of the sickness absence management policy will be monitored in the following ways:
 - At a local level, line managers will record and monitor sickness absence, medical appointments and occasions on which employees become unwell at work;
 - Chief Officers and Departmental HR Managers will monitor and assist line managers to proactively manage sickness within their department (using information provided within sickness absence monitoring reports) and, where necessary, make recommendations for action in areas where levels are consistently or unacceptably high;
 - Corporate HR will produce regular reports on sickness absence statistics / trends for Chief Officers' Group and monitor the application of this policy in line with the City of London's commitment to equal opportunities.

Further information / support

123. To support the City of London's commitment to the health, safety and welfare of its employees, an [Employee Assistance Programme](#) and can be accessed on the following free phone number: 0800 243 458.
124. Training is available to all line managers responsible for implementing this procedure - details can be obtained from the [Corporate Learning and Development Unit](#).
125. The following policies and guidance documents provide further information and support on managing the health and wellbeing of the workforce:
 - [OH and Welfare Policy](#)
 - [Management Guidance on OH Referrals](#)
 - [Ill Health Retirement Procedures](#)
 - [Organisational Stress Policy](#)

- [Health and Safety Policy](#)
- [Physical and Verbal Abuse Policy](#)
- [Smoking Policy](#)
- [Maternity Scheme](#)
- [Alcohol and Drug Misuse Policy](#)
- [Personal Injury Allowance Scheme](#)

126. The [Occupational Health Service](#) and [Health and Safety](#) pages of Colnet also contain a wealth of information and guidance on a range of health, safety and wellbeing issues.