

# **Managing Health and Attendance**

## **Health, Safety and Well-being in the Workplace**

## Contents

Managing Health and Attendance: Introduction .....	3
Sickness Absence Procedure .....	5
Hospital and Dental Appointments.....	8
Injury or Sickness Occurring at Work.....	9
Sickness Absence During Leave .....	10
Sickness Absence While on Postings Abroad .....	10
Notifiable Diseases .....	11
Returning to Work After Sick Leave .....	11
Unauthorised Absence.....	13
Long-Term and Recurrent Sickness Absence .....	14
Disability Related Absence .....	16
Trigger Points for Further Action .....	19
Role of the Occupational Health Provider .....	20
Disciplinary Action.....	22

## Managing Health and Attendance: Introduction

### Overview

This section describes the British Council policy and procedures for managing health and attendance. It covers:

- the procedure for notifying absence through sickness, including:
  - notifying illness and obtaining a doctor's note (see Sickness Absence Procedures)
  - booking hospital or dental appointments (see Hospital and Dental Appointments)
  - handling sickness absence resulting from an accident at work, or from conditions at work (see Injury or Sickness Occurring at Work)
  - managing sickness when the member of staff is on annual leave, or when pregnant, or during a probationary period (see Sickness Absence During Leave etc.)
  - managing sickness absence for staff who are temporarily abroad, on duty visits or temporary postings abroad (see Sickness Absence While on Postings Abroad)
  - dealing with notifiable diseases (see Notifiable Diseases)
- what to do when the member of staff returns to work after sickness absence (see Returning to Work After Sick Leave)
- managing unauthorised absence of a member of staff (see Unauthorised Absence)
- dealing with long-term and recurrent sickness absence (see Long Term and Recurrent Sickness Absence)
- dealing with absence that is associated with a disability (see Disability Related Absence)
- the trigger points that indicate whether sickness is short-term or long-term, to help managers understand how to treat members of staff with persistent or recurrent illness (see Trigger Points for Further Action)
- the role of the occupational health provider (see Role of the Occupational Health Provider)
- disciplinary action following persistent or unexplained absence of a member of staff (see Disciplinary Action).

### Audience

This policy is mandatory for all UK-appointed members of staff working in the UK. Although there are areas of the policy that relate only to UK legislation, policies and practices (for example, medical retirement and occupational health provision), the policy should be used as good practice guidelines for managers overseas. Local legislation will be the base line for in-country policy.

Overseas managers and members of staff on UK-appointed contracts working overseas should also refer to Overseas Postings.

### Policy

The British Council regards staff health and well-being as essential to business performance. We aim to manage attendance in a fair, consistent and supportive way through active line management in consultation with HR Services or the Overseas HR team.

All staff working for the British Council are contracted to work for specified times, as stated in their contract, in the form of hours, days or weeks.

Any unplanned absence is likely to cause some disruption to the running of an office, but much can be done to reduce its impact if managers and staff recognise their responsibilities and communicate as effectively as they can. While the organisation is required by the Cabinet Office to record and monitor sickness absence levels, we aim to do this by providing a caring and understanding approach to members of staff suffering ill health. We also work to minimise the effect of sickness absence on both service delivery and the remaining members of staff in a team. We seek to work with staff as a good employer and, as such, it is important to be aware of particular areas of concern, strains and stresses, and to be able to reflect motivation and attendance.

This policy is designed to encourage the well-being of staff; it is not designed to encourage members of staff to come to work if they are not fit to do so. Annual or flexi leave must not be taken as an alternative to sick leave. We have a responsibility to ensure that all members of staff are aware of, and understand this policy. For information about the British Council's paid sickness absence scheme, see Sick Pay.

### **Policy aims**

The policy is designed to:

- provide fair and consistent procedures for members of staff on sickness absence
- ensure that colleagues are supported as necessary when members of staff report sick
- ensure that every attempt is made to support any member of staff's ill health, including the involvement of the occupational health provider (see Role of the Occupational Health Provider) as appropriate.

Long-term sickness absence has the greatest impact on the organisation in terms of costs (direct and indirect) and team performance. In extremes, high levels of unauthorised absence and certified and uncertified sick leave can:

- lead to under performance
- lower the standard of service to clients and customers
- cause low morale and disaffection among other members of staff
- indicate other, more deep-seated problems for the individual.

### **Key principles of the policy**

The key principles, which apply worldwide, are:

- All sickness absence must be notified and therefore authorised. Failure to do so may lead to disciplinary action.
- Line managers are expected to use their judgement, sensitivity and common sense when managing attendance. They must be sympathetic, firm, fair and consistent. This is important in avoiding accusations and complaints of bullying and harassment.
- Line managers must keep in touch with members of staff who are off work due to illness. Such contact should be regular but not intrusive.
- There must be a return to work interview between the line manager and the member of staff following each and every period of sickness absence.
- Line managers must ensure that no-one feels under pressure to work when they are unfit to do so. Working when unwell or injured can be counter-productive. It may exacerbate the problem, for example, by lengthening the recovery period, prompting a relapse, or even causing further and/or more serious health problems. In some

instances it may spread illness and thereby cause a higher level of absences.

- Each overseas office must agree and publish the number of days or the number of incidences of sickness absence above which line managers will be required to review the situation.

## Sickness Absence Procedure

### Overview

This section describes the procedures when a member of staff in the UK is unable to attend work due to sickness. It covers:

- notifying illness
- obtaining a doctor's note
- staying in touch
- working while on sick leave
- returning to work after illness
- monitoring sickness absence.

Further sections cover procedures for:

- booking hospital or dental appointments (see Hospital and Dental Appointments)
- handling sickness absence resulting from an accident at work, or from conditions at work (see Injury or Sickness Occurring at Work)
- managing sickness when the member of staff is on annual leave, or when pregnant, or during a probationary period (see Sickness Absence during Leave etc)
- managing sickness absence for staff who are on duty visits or temporary postings abroad (see Sickness Absence While on Postings Abroad)
- dealing with notifiable diseases (see *Notifiable Diseases*).

### Responsibilities

These procedures are carried out by:

- the member of staff who is unable to attend work due to illness
- the member of staff's line manager
- Absence Line - the British Council's contracted absence monitoring organisation for UK staff.

## Sickness Absence Procedures

### Notifying illness

#### Members of staff who are ill

1. In the UK, if you are unable to work due to illness you must contact Absence Line (the British Council's contracted absence monitoring organisation) as soon as possible and before 1000 on the first day of absence. This is so that cover arrangements can be made, if required.

Overseas offices should set an appropriate time by which members of staff should inform their line manager of their absence, taking into account business need.

**Note:** It is recognised that, in exceptional circumstances, for instance if a member of staff is very sick and does not have a telephone at home, he/she may not be able to make contact before 1000 on the first day of sickness.

2. When you contact Absence Line, you are asked:

- the reason for your absence, if you wish to give it (if not, the absence is recorded as unspecified)
  - how long you expect to be away from work, and your expected date of return
  - who your line manager is
  - if there any ongoing work commitments that you wish to be passed on to your line manager
  - if your absence is due to a declared disability
  - if your absence is work-related, for example, due to an accident at work the previous day.
3. If you know that your line manager will not be at work for any reason (for example, leave, illness, business travel), you must name somebody else for Absence Line to notify by e-mail.
  4. Absence Line then informs your line manager by e-mail of your absence, when you are likely to return to work and any work in progress information you wish to be passed to the line manager. The e-mail is also copied to you to keep you informed.
  5. After reporting your absence to Absence Line, you should speak to your line manager if there are significant work issues that require discussion. If there are no significant work issues, only one call to Absence Line is obligatory.
  6. It is important that your line manager is able to contact you to keep dialogue open between you and so that your manager can provide support and advice where necessary. It is therefore important that line managers have contact details for all staff, including mobile telephone numbers where appropriate. If you do not have a telephone at home, please ensure that your line manager can contact you if required by giving a suitable contact number or other means of contact.

#### Line managers

1. If a member of your staff who is absent contacts you, you must check that they have been in touch with Absence Line to report their absence. If they have not, then you must advise them to contact Absence Line on 0845 166 8727.
2. If your member of staff is expected to be away from work for four or more days, you should agree to be in contact by telephone at a specified time, convenient to both, on the fifth working day. (If it is not possible to contact the member of staff by telephone, you should write to them.)

This keeps dialogue open between you and your member of staff and also enables you to provide support and advice where necessary. You must not pester an unwell colleague to return to work. See Staying in touch below.

3. If you have not heard from either your member of staff or Absence Line by 1100 on the first day of absence, contact Absence Line to ascertain if your member of staff has been in touch with Absence Line. If they have not then you must contact the member of staff by phone to ensure that all is well. It is important that you have contact details for all your staff, including mobile telephone numbers where appropriate. Staff without a telephone should give a suitable contact number or other means of contact.
4. You must make a note of the information given and any action taken.

#### **Obtaining a doctor's note**

##### Members of staff who are ill

1. In the UK, you do not have to produce certification for absences of 7 days or less. Days not normally worked are included in the absence period, for example, weekends

or, in the case of part-time staff, other days of the week.

2. After the seventh day of absence, staff not returning to work must submit a doctor's certificate to Human Resources (HR) Payroll Services, extension 4208.
3. The British Council requires all sickness between the 8th day of absence and your return to work to be covered by a doctor's certificate.
4. The British Council retains the doctor's certificate while Statutory Sick Pay is payable, and forwards it to the Department of Work and Pensions if and when Incapacity Benefit becomes payable. Certificates are held and treated in strict confidence.

**Note:** Overseas offices should follow local procedures as determined by their terms and conditions of service for sickness certification, and local legislation.

### **Staying in touch**

- Staying in touch is an important part of the British Council's Managing Health and Attendance policy.
- Members of staff who are absent on sick leave should do their best to maintain contact with their line manager and keep them informed of any developments.
- It is also good practice for the line manager to contact the member of staff by telephone where possible during sick absence, in order to ensure their well-being and to ascertain their progress and likely return date.
- Such contact should not be intrusive, but no individual should be left without contact having been made approximately once a week after the first week of absence.
- Staying in touch benefits both the individual and the organisation by ensuring that the organisation has up to date information on the individual's absence and can offer the individual all necessary support to help them back to work as soon as they are fit and able to return.

### **Working while on sick leave**

If you are on sick leave, you must not undertake any alternative employment, whether paid or unpaid. Staff are not expected to carry out a second job while declaring that they are unfit to work for the British Council.

If a member of staff undertakes external occupation while on sick leave, their entitlement to paid sick absence, Statutory Sick Pay and National Insurance benefits may be affected and disciplinary action will be considered.

### **Returning to work after illness**

#### Member of staff who was ill

1. In the UK, when you return to work you must inform Absence Line on 0845 166 8727 on the morning of the first day back (to stop the recording of sickness absence).
2. If you have been absent for 4 days or less, Absence Line sends an email to your line manager, copied to you, detailing your absence.
3. If you have been absent for 5 days or more, Absence Line sends an email to your line manager, copied to you, asking that the manager to confirm your return to work, how many days were missed, and prompts them to have a 'return to work' interview (see Returning to Work After Sick Leave) with you.

### Line manager

When your member of staff returns to work after 5 days or more sickness absence and informs Absence Line of their return, Absence Line emails you asking you to confirm the return to work, state how many days were missed and confirm that you have had a 'return to work' interview (see *Returning to Work After Sick Leave*) with the returning member of staff.

### **Monitoring sickness absence**

#### Absence Line

1. Absence Line monitors levels of sickness absence in the UK and sends results to HR on a daily and monthly basis.
2. When a member of staff returns to work after 5 days or more of sickness absence, Absence Line reminds the line manager that they must conduct a return to work interview (see *Returning to Work After Sick Leave*).
3. If the trigger points (see *Trigger Points for Further Action*) have been reached, Absence Line informs the line manager that they must conduct a monitoring sickness absence interview, rather than a return to work interview.

#### Line managers

1. When you carry out a monitoring sickness absence interview, you must record any agreed action points, attendance targets (if appropriate) and improvement plans discussed.
2. Both you and the member of staff must sign the action points and keep a copy of it.

See *Disciplinary Action*, the section 'Monitoring absences' for advice on conducting this interview.

**But note:** It is important to realise that at this stage you are not pursuing a disciplinary procedure, but seeking ways to discuss any mitigating circumstances and help to keep the sickness absence level down if at all possible.

All information about individuals' health must be held in confidence and in accordance with the Data Protection Act 1998 and the Access to Medical Records Act 1988.

## **Hospital and Dental Appointments**

### **Overview**

This section describes the guidelines for arranging hospital and dental appointments.

### **Responsibilities**

The guidelines are to be followed by members of staff and their line managers.

### **Guidelines**

#### **Member of staff**

- Arrange appointments or visits to doctors, hospitals, dentists, wherever possible, so that they have minimum effect on your working hours, that is, at the beginning or the end of the working day.

Your line manager may ask to see your appointment card.

- However, it is understood that out-patient's clinics may offer appointments only at specific times and that it may not be possible always to obtain an appointment at such clinics at the beginning or end of the day.

In such instances show your appointment card to your line manager in advance of the appointment, wherever possible.

- Absence for an appointment should not be recorded as a day's sickness absence. The British Council has an understanding and supportive approach to such absences. It should be regarded not as sickness absence but more as an ongoing health management process in the short term. To this end your manager will decide with you whether such an absence can be taken as a flexible working credit or not.
- However, if you are away frequently attending such appointments, your line manager will discuss the matter with you. If there are frequent absences then your manager may expect you to use either annual leave or flexi leave. This discussion should review your workload while you are attending your appointments.

## Injury or Sickness Occurring at Work

### Overview

This section describes the guidelines for handling sickness absence resulting from an accident at work, or from conditions at work.

### Responsibilities

These guidelines are to be followed by members of staff and their line managers.

### Guidelines

- An injury at work should be reported immediately to the member of staff's line manager. Details of the accident should be recorded on an Accident Report Form (available in the First Aid Room, from Reception or from Global Estates). For more information, see Health and Safety.
- If the member of staff is absent for more than three days as a result of the injury, the line manager must inform the Health and Safety Adviser, Global Estates as early as possible on the fourth day of absence.

This is very important as it allows the British Council to comply with the requirement to inform the Health and Safety Executive within seven days of an accident at work. Failure to make a report could result in the British Council facing a heavy fine. Guidance on this is available from the Health and Safety Executive.

- Failure to report an accident at work should be investigated the line manager's line manager, supported by HR Services, and could lead to disciplinary action.
- Regardless of the length of absence, all members of staff whose absences follow accidents at work or are due to illnesses with possible occupational implications must be referred to the occupational health provider. See Role of the Occupational Health Provider for more information.

The occupational health provider will provide the relevant HR Services team with a report regarding the state of the member of staff's health and how this affects their capacity to work. The report will set out whether or not the member of staff has an underlying medical condition, is likely to return to work and whether they will be able to perform their full duties.

## Sickness Absence During Leave

### Overview

This section describes the procedures for managing sickness when the member of staff is on annual leave, or when pregnant, or during a probationary period.

### Responsibilities

These procedures are carried out by members of staff and their line managers.

### Procedures

#### Sickness absence during annual leave

1. If you fall sick while you are on annual leave, notify Absence Line as soon as reasonably practical.
2. You must produce a medical certificate to confirm your sickness, from the first day of sickness.
3. If you are abroad and cannot obtain the normal type of medical certificate, you must obtain a statement from a qualified medical practitioner that you are ill to enable Paid Sickness Leave to be paid.

Provided that certification is received for the sickness occurring during annual leave, the period of annual leave will be annulled or postponed, and the lost days of annual leave can then be taken later on.

#### Sickness absence during pregnancy

Line managers and members of staff who need information about sickness absence during pregnancy should refer to the booklet Maternity Rights available from HR Services, hard booklet format.

#### Sickness absence during probationary periods

- Line managers must monitor and record levels of attendance and sickness absence of staff in their probationary period particularly carefully, as they are both taken into account when considering whether or not to confirm a member of staff's appointment (see also Trigger Points for Further Action).
- If line managers have concerns about the level of sickness absence they should follow the guidance provided in Trigger Points for Further Action and Disciplinary Action, and also refer to Probation.
- Line managers should also consult the relevant HR Services team about stopping pay if the absence exceeds the rate at which Paid Sickness Leave is earned, that is, one week for every four weeks worked.

## Sickness Absence While on Postings Abroad

### Overview

This section describes the procedures for managing sickness absence for staff on duty visits or temporary postings abroad.

### Responsibilities

These procedures are carried out by line managers and members of staff.

### Procedures

1. Line managers must ensure that a member of staff travelling overseas is medically cleared as a short-term traveller under the Foreign and Commonwealth Office (FCO)

Healthcare Scheme.

For further information about this scheme, contact the relevant HR Services team.

2. Members of staff whose health changes or deteriorates after having completed the FCO Healthcare Scheme questionnaire must inform Capita Health Services, who manage the medical clearance element of the scheme.
3. If the member of staff suffers from a chronic physical or mental medical condition, it is the line manager's responsibility, with the member of staff's knowledge, to ensure that a country director is informed in confidence so that they can make any necessary provision. The member of staff must be involved in determining whether provision is required.

## Notifiable Diseases

### Overview

This section describes the procedures for dealing with notifiable and infectious diseases.

### Responsibilities

These procedures are carried out by members of staff.

### Procedures

1. Members of staff who have, or think they may have, been in contact with a notifiable and infectious disease, according to the Public Health (Infectious Diseases) Regulation 1988, must seek medical advice and obtain a medical certificate from their doctor to cover their absence.

For further information on such diseases, see the Health Protection Agency website.

2. Additionally the member of staff's GP should be informed if an individual:
  - has travelled overseas and been in contact with diphtheria, and a swab has been taken
  - has been off work due to allergic asthma, asbestosis, carpal tunnel syndrome, dermatitis, upper limb disorder, Repetitive Strain Injury (RSI), toxic effects of acids, chemicals, fumes or gases.
3. For illnesses listed in the second bullet point above, the individual must also inform their line manager so that the British Council can ensure it follows up any health and safety issues for members of staff.
4. Furthermore, if an individual has been in close contact with a case of Rubella (that is, usually in the family setting), they must report the fact to their line manager where there is a likelihood of very close contact at work with another member of staff who is in the first 16 weeks of pregnancy. In such cases line managers must ensure that either the member of staff concerned or the pregnant woman is moved to another work area or room on a temporary basis, in order to protect the pregnant member of staff as much as possible.

## Returning to Work After Sick Leave

### Overview

This section describes the guidelines for managing staff who return to work after a period of sickness absence. It covers:

- recording the return to work
- carrying out a return to work interview

- managing staff who return after a long period of sickness absence or who need to adjust their working arrangements.

### **Responsibilities**

These procedures are carried out by:

- members of staff
- line managers
- Absence Line.

### **Procedures**

#### **Returning to work after illness**

- When a member of staff returns to work after a period of absence through sickness, they must inform Absence Line. If the member of staff has been absent for 5 or more days Absence Line will request the line manager to confirm the return to work. See Sickness Absence Procedures for more information.
- Line managers must carry out a return to work interview with the member of staff who returns to work after any period of sickness. See Carrying out a return to work interview below.

#### **Carrying out a return to work interview**

- As line manager, you are expected to interview members of your staff who return to work after any period of sickness, although you can use your discretion as to whether this is a brief conversation or a longer discussion:
  - if, for example, the member of staff has returned to work after a heavy cold, it may be sufficient for you simply to enquire whether they are better and fit to be at work
  - if the return to work is after a broken leg or long illness, a more detailed approach may be required
  - if there is any doubt about how to handle a return to work interview, you should seek advice from your relevant HR Services team.
- The return to work interview enables you and your member of staff to talk about:
  - the reason for the absence
  - the member of staff's fitness to return to work
  - whether there are any underlying problems
  - whether, if appropriate, the member of staff should consult their GP or contact the Employee Assistance Provider (PPC)
  - whether advice from the occupational health provider (OHP) would be useful, for example, if there might be an on-going health problem or if the illness was work-related (see Role of the Occupational Health Provider)
  - whether there are any work-related issues affecting attendance
  - whether there are any actions that could be taken to improve attendance, for example, adjusting the member of staff's working pattern
  - the member of staff's attendance record over the last 12 months, if they have already taken sick leave in that period
  - any developments during their absence to bring the member of staff up to speed on work.
- This interview will help to establish whether any action or additional support is necessary to help the member of staff maintain their fitness for work.
- Return to work interviews are a joint informal discussion between you and your member of staff and are for the purpose of assisting the member of staff back to

work. They are not to be regarded or recorded as disciplinary measures or as part of an incapacity to work procedure.

- You must record any agreed action points.

#### **Returning to work after a significant period of sickness absence**

- Sometimes a member of staff who has experienced a long period of sickness absence is advised by their doctor or by the OHP to return to work, but initially to work less than their contracted hours.
- In these cases, the line manager, in consultation with the relevant HR Services team, must make arrangements for this adjustment in working hours, so that the return to work is as smooth as possible.
- In most cases, such a gradual return to work should start with a minimum of fifteen hours a week. This should be spread, wherever possible, over the week so that there is attendance each day, increasing to a return to the full contracted hours within one month (or pro rata for members of staff who normally work reduced hours).
- If the member of staff's health does not improve sufficiently to allow a return to full contracted hours within one month (or pro rata for staff normally working reduced hours), HR Services must arrange for the case to be referred to the OHP. The OHP will advise on how much longer the shortened hours working should continue. In the majority of cases the extension should not exceed two months (or pro rata for staff normally working reduced hours).
- The line manager must record the hours worked each week and send them at the end of each week to HR Payroll Services, HR Services, who calculate the number of days to be added to the sick leave record. HR Payroll Services can be contacted on extension 4567.

#### **Managing accumulations of annual leave as a result of sickness absence**

- Members of staff continue to earn annual leave while they are on paid certified sickness absence.
- When a member of staff is on long-term sickness absence, this may result in the accumulation of a large amount of annual leave. To manage this, line managers may want to discuss with the member of staff on their return to work, whether they would initially like to take a day or more of annual leave each week for the first few weeks to help ease their way back into work.
- If a member of staff wishes to take annual leave after a period of sickness absence and before returning to work, they should discuss this in advance with their line manager and provide a certificate from their GP stating the date on which they are fit to return to work.

## **Unauthorised Absence**

### **Overview**

This section describes the procedures for managing the unauthorised absence of a member of staff.

### **Responsibilities**

These procedures are carried out by the absent member of staff's line manager.

**Dealing with unauthorised absence**

Non-compliance with the procedure for notification to Absence Line or certification (see Sickness Absence Procedure) is viewed as a matter of concern and will be investigated. During the investigation, a member of staff's salary may be withheld for any period of unauthorised absence, depending on the circumstances.

Serious or repeated cases of unreported absence or non-compliance will be the subject of disciplinary action, for example, if a member of staff has not informed Absence Line (or if overseas, their line manager) of their absence through illness for a second time. Proven falsification of any information on a certificate will be regarded as gross misconduct, resulting in summary dismissal.

**Procedure**

1. If you have not heard from either your absent member of staff or Absence Line by 1100 on the first day of absence, contact Absence Line to check whether or not the member of staff has been in touch, as detailed in Sickness Absence Procedure, 'Notifying illness'.
2. If the member of staff has not informed Absence Line of their intended absence, try to contact the individual by telephone by 1100. If they are not on the telephone, or if you have telephoned several times without reply, you must write to the member of staff. Ensure that letters are adapted to suit individual cases but they should include:
  - an expression of concern that you have not heard from Absence Line or the individual
  - notification that they should contact Absence Line and you, within one working day of receiving the letter, with an explanation of their absence
  - an indication of the possible consequences, that is, that their absence may be regarded as unauthorised and may have pay and disciplinary implications
  - a reminder that a certificate is required if the absence continues into the eighth day.
3. If the member of staff does not attend work and does not notify Absence Line of their intended absence, you must notify Absence Line. This is important as it ensures full monitoring of absences.
4. If unauthorised absence continues then you should consult HR Services with a view to moving towards disciplinary procedures (see *Disciplinary Action*)

**Long-Term and Recurrent Sickness Absence****Overview**

This section describes the guidelines and procedures for dealing with long-term and recurrent sickness absence.

**Responsibilities**

These procedures are carried out by:

- line managers
- HR Services.

**Guidelines/Procedures****Dealing with long term sickness absence**

- Any period beyond four weeks continuous absence is considered as long-term sickness absence.
- Long-term absence usually needs to be handled as an incapacity issue rather than one of conduct.

### Procedures

1. Line managers must keep in regular touch with any staff on lengthy sick leave. Members of staff should be encouraged to give as much information as possible about the long-term prognosis, as it affects their fitness to work and can help in making decisions. Line managers should also consider the possibility of the occasional home or hospital visit, although staff may not necessarily welcome this sort of personal contact with their line managers.
2. As a general rule, line managers should review the position of a member of staff when the absence has been about eight consecutive weeks, although they may wish to review the situation sooner than this depending on the nature of the illness. They should begin by discussing the case with the relevant HR Services team member, and then discuss it with the member of staff. Among the areas for consideration are:
  - reasons for the absence
  - likely length of the absence
  - possibility of an early return to work on a part-time basis or with adjusted duties
  - temporary or permanent arrangements to cover the member of staff's work if you have not already seen to this
  - working at home for a period of time.
3. With the agreement of HR Services, the line manager should write to the member of staff, explaining that the stage has been reached when it is necessary to find out more about the situation and ask for an indication, if possible, of when they might return to work.
4. The next step depends on the reply from the member of staff:
  - If it is fairly certain that the member of staff will be returning soon (for example within a week or two), then no further steps need be taken except to arrange temporary cover
  - If the prognosis is less clear, for example, if the member of staff has suffered a stroke, has undergone complicated surgery or is suffering from mental illness, the line manager must consult the relevant HR Services team and be aware that the member of staff's condition could be recognised under the Disability Discrimination Act (DDA) (see Disability Related Absence).
5. If a complete return is not yet possible, the possibility of the member of staff returning and working reduced hours or to adjusted duties should be considered. If a line manager wishes to pursue this option, they must consult the relevant HR Services team before raising it with the member of staff. (See also Returning to Work After Sick Leave.)
6. If the prognosis is still unclear, or if the member of staff is unlikely to return to work in the foreseeable future or at all, HR Services must write to the member of staff asking for consent to approach their doctor through the occupational health provider (OHP). They will enclose a Consent Form. The letter must point out that the doctor's report would be confidential to the OHP (see Role of the Occupational Health Provider), but that their conclusions would be considered by the line manager and the relevant contact in the HR Services team.
7. On return of the completed Consent Form, HR Services must refer the case to the British Council's OHP, who consults the member of staff's doctor and, where appropriate, a specialist.

8. When HR Services obtains the OHP's report, its conclusions must be discussed with the line manager. If the report suggests any one of the following, medical retirement or contract termination on medical grounds will be considered:
  - that the member of staff is unlikely to return within an acceptable time
  - that the member of staff is prevented by ill health from discharging their duties
  - that the ill-health is likely to be permanent.
9. Please note that the formal agreement of the BMI Health Services is always required in cases of compensated medical retirement. If this is proposed, the relevant HR Services team must inform the member of staff and the line manager, and make the necessary arrangements.

**Dealing with recurrent sickness absence (incapacity rather than conduct)**

- Sickness absence that occurs often for a single condition is considered as recurrent sickness absence.
- Recurrent sickness absence usually needs to be handled as an incapacity issue rather than one of conduct.
- Many of the considerations of recurrent sickness absence are the same as for a single, lengthy absence (see Dealing with long term sickness absence above).

Procedures

1. If the absences are sufficiently long in total or disruptive because of the frequency, the British Council (British Council) must try to determine whether there is an end to the illness in sight.
2. The line manager must consult their HR Services team who must in turn refer to the occupational health provider (see Role of the Occupational Health Provider) for a prognosis of the illness, and the likelihood of future absences, if the recurrent absence is due to a single illness.
3. If there is no single illness causing the recurrent absences, then the line manager must consider monitoring and warnings in line with the guidance given in Disciplinary Action.
4. The process of review, consultation and formal warnings described in Disciplinary Action must be followed. The line manager must decide when first to review the member of staff's position. The review should, however, take place before the member of staff's absences total eight consecutive weeks absence or three or more separate absences during a period of three months, or ten days within three months, or six absences within six months (see also Trigger Points for Further Action).

**Disability Related Absence****Overview**

This section describes the guidelines for dealing with absence that is associated with a disability.

**Responsibilities**

These guidelines are to be read by members of staff and their line managers.

## Guidelines

### What is disability?

The Disability Discrimination Act 1995 (DDA) defines a disability as a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day to day activities.

### Medical conditions recognised by the DDA

Impairments mentioned by the DDA include:

- physical impairments affecting the senses, such as sight and hearing
- mental impairments

The following are examples of impairments that should be classified as substantial:

- inability to see moving traffic clearly enough to cross a road safely
- inability to turn taps or knobs on in kitchens and bathrooms
- inability to remember and relay a simple message correctly

**Long-term effects** are those that have lasted at least 12 months; or are likely to last at least 12 months; or are likely to last for the rest of the life of the person affected. Long-term effects also include those that are likely to recur.

**Day to day** activities are normal activities carried out by most people on a regular basis, and must involve one of the following broad categories:

- mobility, that is, moving from place to place
- manual dexterity
- physical co-ordination
- continence
- the ability to lift, carry or move ordinary objects
- speech, hearing or eyesight
- memory, or ability to concentrate, learn or understand
- being able to recognise physical danger.

### **When a member of staff declares a disability**

- A member of staff on long-term sick leave, or who has periodic sickness absence, may not initially appear to meet the definition of disability.
- Where the outcome of the return to work interview (see 'Carrying out a return to work interview' in Sickness Absence Procedures) is that a member of staff declares a disability, or where during the course of work a member of staff declares a disability, the British Council has specific obligations to fulfil on behalf of the member of staff.
- Some of these obligations include assisting members of staff to regain effectiveness by making reasonable adjustments for those medical conditions which fall within the provisions of the DDA (see Medical conditions recognised by the DDA above). Managers should also consider, in consultation with the member of staff, either reduced hours working or redeployment after a period of sickness.
- The line manager must refer the member of staff to the relevant HR Services team to arrange for consultation with the occupational health provider when an adjustment is requested. The member of staff will be asked to give consent to their GP forwarding medical notes or a report to the occupational health provider. For more information, see Role of the Occupational Health Provider.

**Recording absence**

- The member of staff must contact Absence Line if in the UK, or their line managers if overseas, to inform them of their absence in the normal way (see Sickness Absence Procedures). However, it is important to let either Absence Line or the line manager know if the absence is believed to be due to a declared disability.
- If a member of staff transfers within the British Council, it is important to maintain the appropriate level of support for the member of staff. Therefore line managers should, with consent from the individual and in confidence, pass on information about recorded sickness absence and any adjustments that have been made, to the new line manager once a posting had been agreed.

**Considering reasonable adjustments**Understanding the problem

- The British Council must have an understanding of:
  - whether a member of staff's disability is long-term, substantive or progressive
  - the impact of the symptoms (and their treatment) that may keep the member of staff away from work.

Making adjustments

- The occupational health provider can advise the British Council how best to help the member of staff manage their disability in the workplace, that is, what reasonable adjustments need to be made. The types of reasonable adjustments that can be considered are:
  - redesigning the role: this may include allocating some duties which the member of staff cannot do to another member of staff and replacing them with duties which the member of staff with the disability can accommodate
  - re-assessing absence 'trigger points' for sickness related to the declared disability before disciplinary action is taken (see Using trigger points below and also Trigger Points for Further Action)
  - considering job vacancies and applying for another role (see Redeployment below)
  - physical relocation
  - providing special leave for rehabilitation, treatment or appointments
  - providing adapted furniture or equipment
  - varying working hours to meet medication requirements
  - working reduced hours, with the possibility of gradually increasing hours to full-time working (see also Returning to Work After Sick Leave)
  - flexible working hours or home-working (medical advice should be sought to determine whether home-working is appropriate) (see also Working Time and Flexible Working and Home-working)
  - providing training on new equipment
  - providing a reader or interpreter
  - applying for vacant jobs at a different pay band as an alternative to dismissal if it can be demonstrated that everything reasonable has been done to make adjustments to work at the current banding.
- HR Services and the Diversity Unit, in consultation with Global Estates and our occupational health provider, can advise members of staff and managers on how to make reasonable adjustments in the workplace to help address the needs of those who have a disability. Reasonable adjustments may prevent sickness absence in the first instance, as well as enabling staff to carry out their jobs more effectively. The costs associated with making reasonable adjustments are met by the member of staff's work group.

- Each case must be evaluated on its merits with all potential reasonable adjustments considered. In some situations it may not be possible to make adjustments. In other cases, the situation may not have improved in spite of making adjustments. In such circumstances, line managers must implement the same procedures as they would for other staff, after seeking advice from the relevant HR Services team.

#### Redeployment

- If the member of staff is unable to return to their current position or, with the agreement of the member of staff, it is considered inappropriate for them to do so, the line manager must consider whether or not they should move to another post.
- In such cases the line manager must consult the relevant HR Services team. Any redeployment procedure must be flexible and reasonable in terms of salary and status. In terms of absence from work, knowing that there is a job to return to can relieve the staff member's anxiety, aid rehabilitation and thereby enable the staff member to return to work more quickly.

#### Using trigger points

- Note that the use of trigger points (see also Trigger Points for Further Action) to initiate management action may discriminate against members of staff with a disclosed disability.
- It is important for the member of staff to inform Absence Line, or their line manager if overseas, if the absence is believed to be related to a declared disability. This will assist the line manager in making a distinction between those absences that are due to general illness and those which are directly related to a member of staff's disability.
- Line managers should seek advice from the relevant HR Services team, and, if necessary, from the occupational health provider (through HR Services) on the level of sickness absence that can be expected where a long-term condition or disability has been identified. In such situations, the line manager may be advised to relax the recommended trigger points.

#### Providing support

- Effective management of disability-related absence is achieved through regular and positive discussions with the member of staff, when appropriate. The advice and support provided to line managers by HR Services and the British Council's occupational health provider also contributes to successful management.

## **Trigger Points for Further Action**

### **Overview**

This section describes the trigger points that indicate whether sickness is short-term or long-term. This policy aims to help managers understand how to treat members of staff with persistent or recurrent illness.

### **Responsibilities**

These guidelines are to be read by line managers of members of staff who are frequently absent through illness.

### **Guidelines**

Sickness absence requiring action by line managers can be split into two groups:

- persistent short term sickness absence
- long-term and recurrent sickness absence.

**Persistent short-term sickness absence**

- As a guideline, absence with one of the following patterns would normally be regarded as unacceptable persistent short-term sickness absence:
  - 10 days absence in three months
  - three or more absences during a period of three months
  - six or more absences during a period of twelve months
- These trigger points may not, however, be appropriate for members of staff with a disclosed disability - see Disability Related Absence.
- When a member of staff's sickness absence record reaches one of these trigger points, it is likely to warrant further investigation. As line manager, you should review the situation with the relevant HR Services team and in accordance with the disciplinary procedure - see Disciplinary Action.

There must be an element of discretion, so that no action is taken in situations where, for example, a personal injury was followed a few weeks later by a bout of flu, even though 10 or more days' absence has been recorded within three months.

**Long term and recurrent sickness absence**

- Any period beyond four weeks' continuous absence is considered as long term sickness absence.
- If there is recurrent sickness absence for a single condition, as line manager, you should discuss the situation with the member of staff. The purpose of the discussion is to assist the member of staff to return to work and to seek possible ways of easing the condition.
- Once a member of staff has been on continuous sickness absence for four weeks (or before if necessary, for example in cases of stress), you should discuss with the relevant HR Services team whether the case should be referred to the occupational health provider (see Role of the Occupational Health Provider). If a case is referred, it normally takes at least three weeks for a report to reach an HR Services team.

## Role of the Occupational Health Provider

**Overview**

This section describes the role of the occupational health provider, in particular in the context of British Council staff who take long-term sick leave and need help to return fully to work.

**Responsibilities**

These guidelines are to be read by members of staff and their line managers.

**Guidelines****The role of the occupational health provider (OHP)**

- The OHP provides advice and education with particular regard to the prevention of ill health and the promotion of a healthier lifestyle. The British Council contracted IMASS Ltd to provide occupational health guidance and services in September 2004.
- Where ill health occurs, the OHP provides appropriate timely support and advice to both the member of staff and the British Council, as required.

**Referral to the OHP**

- At any stage, line managers can refer members of staff to the OHP, through their HR Services team. Although discretion is required, it is recommended that a member of

staff should be referred to the OHP who has had any of the following:

- three or more absences on separate occasions in a three month period
  - 10 days absence in a three month period
  - four weeks continuous absence
  - any recurrent sickness absences for a single condition (see also Long-Term and Recurrent Sickness Absence)
- In any case of work related stress, an early referral can be considered. A line manager cannot refer directly to the OHP, but must discuss the situation with the relevant HR Services team who are responsible for making the referral and asking for the member of staff's consent to refer them.
  - In general, if a member of staff's overall state of health, or their sickness absence level, causes concern, the line manager must seek advice from their HR Services team, who will decide whether a referral to the OHP is necessary and appropriate.

### **Consent to referral**

- Individual consent is always required in order for the OHP to contact relevant specialists (for example, the individual's GP or consultant).
- Before a member of staff's doctor or consultant can be approached by the OHP, HR Services must:
  - obtain the member of staff's written consent. HR Services issues a Consent Form to request the release of the personal medical information
  - inform the member of staff of their right to withhold consent. Withholding consent is not a disciplinary offence, although it may mean that occupational health provision will not be possible and therefore it may take longer to reach appropriate action for the member of staff
  - inform the member of staff of their right of access to the OHP's report and their right to request amendments to the report if they consider it to be incorrect
  - ask the member of staff if they wish to see the report before it is sent to HR Services.
- If the member of staff refuses to give consent, they must be made aware by HR Services that this is likely to mean that managers and HR may have to make operational decisions based only on information they already have available, without the benefit of full occupational health advice and that the British Council would always prefer to have a full view before recommending action.
- If a member of staff withholds their consent for the OHP to consult their doctor or consultant, the OHP may need to carry out its own assessment through a medical appointment.
- The member of staff can refuse to see the OHP's advisor. This means that the advice to the British Council and any subsequent action taken to deal with an individual's absence can be based only on the evidence available, and if the member of staff refuses occupational health advice it may not be possible to help the member of staff as much as the British Council would like to be able to.

### **Reasons for referral other than sickness**

- There may be other situations where a manager may consider occupational health advice for a member of staff, for example, if they have concerns about an individual's ability to do a particular job on health grounds, or concern that a particular aspect of the role might aggravate or cause the recurrence of a previous illness. Again, the line manager must seek advice from HR Services who are responsible for referring a

member of staff.

- Occupational health advice can be useful when a member of staff:
  - is frequently absent for short periods of time or has a significantly lengthy spell of sickness absence
  - returns to work after a period of illness and recuperation, and advice is required to help rehabilitate the individual back to work
  - moves to a different post with a disability or chronic health condition.

## Disciplinary Action

### Overview

This section describes the guidelines and procedures for taking disciplinary action following persistent or unexplained absence of a member of staff.

### Responsibilities

These procedures are to be carried out by line managers, supported by HR Services, in the UK, and HR Managers overseas.

### Guidelines

#### Types of sickness absence

When assessing the need for disciplinary action, it is important to distinguish between the different types of sickness absence:

- persistent short-term sickness absence (possibly an issue of conduct)
- long-term and recurrent sickness absence (probably an issue of incapacity)
- recurrent absence (possibly an issue of incapacity rather than conduct).

It is likely that you will be considering disciplinary action only for the first of these types of sickness absence, persistent short-term absence, although in your assessment of the situation for a particular member of staff you do need to be aware that even in long-term absence cases, and certainly in some recurrent absence cases, there may be a conduct issue that needs to be investigated.

For guidelines on handling long-term and recurrent sickness absence, see Long-Term and Recurrent Sickness Absence.

#### When to consider disciplinary action

- Line managers, with the support of a more senior manager where necessary, need to consider taking disciplinary action if an unexplained absence continues, or when trigger points for absence have been reached, that is, three or more separate absences over a period of three months, or ten days within three months, or six or more absences in a period of twelve months (see also Trigger Points for Further Action).
- When a member of staff's absence record is considered unacceptable, the line manager must review the situation in accordance with the following procedure and after taking advice from the relevant HR Services team. There must be an element of discretion, so that no action is taken in situations where, for example, a personal injury was followed a few weeks later by a bout of flu, even though 10 or more days' absence has been recorded.
- Any action taken, whether for short or long sickness absence, must be after consultation with the relevant HR Services team who will support line managers through the following procedures.

**Procedure**

As line manager, you must follow a sequence of steps in pursuing disciplinary action over persistent or unexplained absence:

1. When you have identified that a trigger point has been reached, you must assess the absence record of the member of staff (see Assessing the absence record below).

**Assessing the absence record**

If a trigger point has been reached, you must consider the following questions, to assess the absence record of the member of staff:

- What was the member of staff's previous record of absences?
  - Is this a sudden deterioration?
  - What are the reasons for the absences (if you know)?
  - Is there a pattern, for example, an association with periods of heavy workload, or Monday and Friday absences?
  - Are the absences due to a recurrent illness? In this case, the line manager should use the procedure for long-term and recurrent sickness absence (see Long-Term and Recurrent Sickness Absence).
  - Are the absences connected with any epidemics of flu, stomach disorders, and so on?
  - Are the absences related to the individual's home situation, for example, family illness, carer responsibilities or relationship breakdown?
  - What effect are the absences having on the work of the individual and the team?
2. You must then hold an initial interview with the member of staff, to assess the likely pattern and level of absences in the future (see Holding an initial interview below).

**Holding an initial interview**

- At an initial interview, which should be held only when the member of staff has returned to work, the line manager must attempt to assess the likely pattern and level of absences in the future. The following may be useful as a checklist for the interview:
  - make sure you have all the facts and explain why you have arranged the interview
  - express concern for the member of staff's well-being
  - explain that the absences have reached a level where you feel some action is necessary
  - explain that the absences have created difficulties for you as a line manager and for colleagues too, if appropriate
  - point out that your action is in line with British Council procedures for sickness absence (refer them to this Essential Personnel section, Managing Health and Attendance, if necessary).
- Consider raising the following points:
  - their duty, as a member of staff, to attend work so as to do the job for which they are employed
  - the effect of their absences on the work
  - the cost of covering for the absence, for example overtime and temporary staff.
- Invite the member of staff to talk about:
  - the reasons for the sickness absence
  - any pattern in the absences or connections between them
  - any underlying work-related welfare or domestic factors
  - the prognosis for the future.

- Offer the help of the Employee Assistance Programme (EAP) if appropriate.
  - Adjourn, if necessary, before reaching a conclusion. Tell the member of staff that you want to think about what has been said. Arrange a date and time to meet again.
  - Remember that any information about the nature of the member of staff's illness is confidential.
3. After the initial interview you must decide what action to take next. There are two options:
    - no further action required
    - monitoring future absences (see Monitoring future absences below)
  4. In cases where you choose to monitor future absences, for example, three to six months, if the absence record is still not satisfactory after the monitoring period has expired, you may choose to continue monitoring for another period of time, or proceed to issuing a first formal warning.
  5. When all the avenues of the disciplinary procedures have been exhausted, you may have to consider terminating the member of staff's contract (see Terminating a contract below).

#### Monitoring future absences

- If the line manager decides to monitor future absences, the member of staff must be informed that their sick leave record will be monitored for a specified period, normally between three and six months.
- The line manager must set a ceiling, based on the trigger points (see Trigger Points for Further Action), above which any absence due to sickness would lead to issuing a formal warning.
- The line manager does not need to wait for the full monitoring period to elapse before reviewing the position if the absence record deteriorates.
- If, at the end of the monitoring period, the record of absence is satisfactory, that is, within the British Council trigger points, the line manager must inform the member of staff that formal monitoring of their sick leave will cease.
- If the record is not satisfactory, the line manager must hold another exploratory interview. If, after the interview, it is decided to continue monitoring without a warning, repeat the process described above. If it is decided that a formal warning may be necessary, the procedure described in Disciplinary Procedures must be followed. This must be discussed with the relevant HR Services team before making the next step to discipline.

#### Issuing a first formal warning

If you need to issue a formal warning, follow the formal disciplinary approach given in Disciplinary Procedures.

#### Terminating a contract

In the light of warnings and further interviews, any report from the occupational health provider and disciplinary action, you may have to consider termination of a member of staff's contract. In such cases when all the above steps have been followed, follow the guidelines in Disciplinary Procedures and discuss the case with the relevant HR Services team or HR Manager overseas.