

Managing Long-Term/ Ongoing absence

Guidance

Guidance - Managing Long-Term/Ongoing Absence

This guidance should be read in conjunction with the Managing Attendance Policy.

Introduction

The primary aim in cases of long-term absence is to facilitate a return to work at the earliest possible point. The secondary aim is to then support any return to work effectively to minimise the risk of any further absences.

This guidance note provides additional guidance to support managers in the management of cases of long-term or ongoing absence. The guidance focusses on 4 key areas:

- Maintaining Contact
- Obtaining Medical Advice
- Considering Supports/Adjustments
- Considering Progression to a Capability Hearing*

*It should be noted that the majority of long-term absence cases do result in a successful return to work and that this section serves to provide additional information only for those cases where progression to a capability hearing is appropriate.

Maintaining Contact

Employees should remain contactable whilst absent from work due to ill-health and managers in turn are responsible for ensuring that regular contact is maintained.

Maintaining contact extends beyond simply ensuring that employees submit medical certificates on time. It should serve to update both managers and employees on progress, both with regard to the employee's absence but also on developments within the workplace. It is also through this contact that discussions can take place to increase understanding around the current position and it is not uncommon for this to lead to the creation of options (e.g. workplace adjustments) which support an employee to return to work earlier than they may have done previously.

In some cases, meeting within the workplace may not be appropriate however where possible, meeting within the workplace can help an absent employee maintain their connection with their work. Employees may be supported by a Trade Union Representative or work colleague at any absence meetings.

Early Stages

Important considerations at an early stage include identifying the cause of absence and taking appropriate action if possible. This may involve seeking medical advice or following the Stress At Work process in cases where work-related stress is identified as a possible cause of absence.

It is also important to establish early on what the shared expectations are around contact. Informal contact should take place on a monthly basis as a minimum. This may be by telephone, but would ideally be face-to-face. This allows for quick, simple and effective communication to ensure that both parties are up-to-date, be that in relation to medical/absence progress or workplace developments.

Later Stages

In longer-term absence cases, particularly where there is a degree of uncertainty around progress or prognosis, more structured Absence Support Meetings should take place. The timing and need for these meetings should be assessed on a case-by-case basis, as every absence is different. As a guide, meetings may take place as per below:

- After a set period of time (e.g. 1 month), subject to the circumstances of the absence
- After receiving an Occupational Health report (or other medical advice) which needs to be discussed
- After being informed by an employee of a notable change in their medical circumstances
- After any event which may impact on the employee's ability to return to work

Absence Support Meetings should cover (as a guide):

- An update on current health & the level of progress made since the start of the absence (if any)
- Discussion on the likely duration of the absence
- Discussion on whether or not a referral to Occupational Health is appropriate (e.g. in order to obtain further information on the above), or discussion of any medical advice already received
- Exploration of any supports or adjustments which may help a return to work
- Sharing of relevant workplace developments/updates
- An opportunity for the employee to raise any difficulties or concerns
- Discussing the next steps in the process (e.g. date of next meeting)

In more advanced cases, it may be appropriate to:

- Explain the possible progression to a capability hearing and its potential outcomes

- Discuss the use of any annual leave accrued
- Discuss whether redeployment is appropriate, based upon medical advice
- Seek advice from Pay and Pensions in relation to possible Ill Health Retirement

Both People & OD and Occupational Health advice should be sought as part of the management of an advanced long-term absence and People & OD can support with the provision of appropriate template letters at each stage.

Employees can be invited using the [Template Letter – Invite to Long-Term Absence Support Meeting](#). Absence Support Meetings should be recorded on the [Form – Long Term Absence Support Meeting Record](#), which can also be used to guide the discussion.

Obtaining Medical Advice

Managers should seek Occupational Health advice as necessary, following appropriate discussion and consultation with the employee as per the above section.

To refer an employee to Occupational Health, Managers should use the Form - Occupational Health Referral.

Due to the varying nature of medical conditions/illnesses, the need for an Occupational Health referral should be judged on a case by case basis however typical prompts for a referral may include:

- Where an absence has been ongoing for 1 month or more and the recovery timescales or other details are not clear
- Where the employee provides new medical information from their GP or Health Specialist and it is unclear how this might affect their work (or their absence)
- Where an employee is still in work, but has raised specific concerns about their work or the working environment which is impacting upon their health
- Where a long-term absence has been ongoing for a prolonged period of time and further information is required in relation to matters such as prognosis, likely timescales, possible supports/adjustments etc.

The above is not a definitive guide and is only intended as a point of reference. For example, where it is known that an employee has a broken leg and through regular communication the Manager is well aware of recovery timescales, there may not be a need to involve Occupational Health at an early stage however a decision may be made to refer after a period of time to explore return to work options and considerations.

It is important for referring managers to note that it is not the role of Occupational Health to provide a diagnosis, or to offer medical treatment of any medical condition. The role of

Occupational Health, in the context of sickness absence, is to provide advice to managers on how a medical condition may affect an employee at work or affect their ability to return to work. This can include advising on possible absence timescales, whether there are any particular duties which should be avoided or whether there are any supportive measures which can be put in place to support an employee to either return to work or to maintain/improve their attendance whilst at work.

Employees should attend any arranged Occupational Health appointments and are required to co-operate with the University in obtaining any required medical information. If an employee withholds consent to a relevant medical report being provided then decisions may be taken related to that employee's sickness absence based only on the information available.

Following an Occupational Health appointment, a report will be provided to the referring Manager (and copied to the employee). This report (including any suggestions, considerations or implications) should be discussed with the employee. Depending on the circumstances of the case, this is typically done at an Absence Support Meeting.

Considering Supports/Adjustments

Workplace adjustments or supports may allow an employee to return to work sooner than they would otherwise have returned, or in other cases the adjustments may allow an employee to sustain a return to work/improve their attendance. An adjustment can be anything which may remove an identified barrier to returning to (or staying in) work. Examples include a phased return to normal hours/duties, returning to alternative/light duties or providing special equipment, furniture, training or assistance.

Frequent dialogue should take place to allow such options to be explored throughout a long-term absence, particularly as a medical condition improves and a return to work becomes more likely.

Advice on possible adjustments may come via the employee's 'fit note' from their GP, or in more detail from Occupational Health.

Specific guidance on considering reasonable adjustments or phased return to works' can be found in:

[Guidance – Considering Reasonable Adjustments](#)

[Guidance – Phased Return to Work](#)

Considering Progression to a Capability Hearing

'Capability', in its simplest terms, can be defined as an employee's ability to attend work and perform their duties.

Unfortunately, in some cases there is insufficient improvement to an employee's health which can lead to a position where the University cannot sustain the employee's level of absence any longer. In other cases, medical advice may be received to advise that an employee will never be able to return to their role, or that timescales for a return are not known or are unsustainable to the University.

Normally this position will have been reached following a reasonable period of time (to allow for recovery/improvement) and having explored various options to support or facilitate a return to work in some capacity. Capability hearings are potentially the final stage in an absence process and dismissal on the grounds of ill health/capability is a possible outcome. Unlike in cases of short-term absence, there will not have been a series of letters of concerns issued however the employee should have been fully consulted in relation to this. Managers considering progression to a capability hearing should therefore always seek advice from their local P&OD Team and ensure that they have followed the Managing Attendance policy in full, including being able to demonstrate to the hearing that they have considered all available options and taken all reasonable steps to support an employee back to work.

The following checklist highlights typical considerations before progressing to a capability hearing:

Have you maintained regular communication, including more structured Attendance Review Meetings with the employee?	
Is the employee aware of the full process and the potential outcomes of a capability hearing?	
Have you obtained appropriate medical advice from Occupational Health (including recently)?	
Have you explored whether any adjustments can be made to support a return to work?	
Have you explored the option of redeployment?	
Have you explored whether or not Ill-Health Retirement is appropriate?	
Can you explain the impact that the absence is having on the Service/School/College/Unit and why the position is no longer sustainable?	

Managers who have taken advice from People & OD and are satisfied that they have exhausted all avenues should submit a capability report to an appropriate senior manager (of at least Grade 7).

People & OD can support through the provision of advice and appropriate template documents.