



**Isle of Man
Government**

Reiltys Ellan Vannin



Management of Sickness Absence Policy and Guidance

Issued by the Office of Human Resources
Endorsed by Council of Ministers
June 2012

(Updated April 2022)

INTRODUCTION BY THE CHIEF MINISTER HON ALLAN BELL MHK

Isle of Man Government seeks to provide a safe and healthy work environment for its staff in order to support the highest possible level of attendance at work. The Policy and Guidance document regarding attendance at work which has been in existence for several years, has been reviewed and amended to address the changing needs of Public Servants working for Isle of Man Government.

Individuals working for Isle of Man Government have a responsibility to attend work in accordance with their terms and conditions of employment. This Policy and Guidance seek to provide robust arrangements for the management of attendance which are fair, equal and consistently applied across the Public Service.

Public servants who are absent due to sickness will be treated sympathetically and every effort will be made to assist recovery and safeguard employment. It has to be recognised, however, that the loss of working days through sickness absence can result in a significant cost to Isle of Man Government which can include, for example, costs associated with arranging absence cover, as well as the additional pressure such absences place on colleagues.

The delivery of public services relies on the highest possible levels of staff attendance and I would encourage all Public Servants to familiarise themselves with the content of this Policy and Guidance and to be aware of their responsibilities in relation to their attendance.

This Policy and Guidance has been endorsed by the Council of Ministers with the support of the Chief Officers Group.



Hon Allan Bell MHK
Chief Minister
21 June 2012

Useful Web Links

- **PSC CS Regulations: Section E Sick Pay Scheme**
<https://hr.gov.im/terms-conditions-for-employees/civil-service/section-e-sick-pay-scheme/>
- **Manx Pay Terms and Conditions Sick Pay Scheme – Part 3 Section 14**
<https://hr.gov.im/terms-conditions-for-employees/mptc/>
- **PSC Manual and Craft MoA: Sick Pay Scheme Article 31 Form of Undertaking Appendix 5**
- **Social Security Division, The Treasury SC1 Form –**
<https://www.gov.im/categories/benefits-and-financial-support/illness-and-disabilities/incapacity-benefit/>
- **Accident/Injury at work: RIDDOR Reporting Form**
<https://www.gov.im/categories/business-and-industries/health-and-safety-at-work/accident-reporting/>
- **Making a Referral to Occupational Health**
<https://hr.gov.im/media/1022/making-a-referral.pdf>
- **PSC Phased Return to Work Policy and Procedure**
<https://hr.gov.im/media/1051/phasedreturntoworkpolicyfinalw.pdf>
- **Prevention and Management of Workplace Stress Policy**
<https://hr.gov.im/workplace-wellbeing/workplace-stress/>
- **Temporary Injury Allowance**
<https://hr.gov.im/media/1721/tia-process-and-procedure-updated-with-privacy-notice-feb-2019-v3.pdf>

CONTENTS

INTRODUCTION BY THE CHIEF MINISTER HON ALLAN BELL MHK.....	2
1. MANAGEMENT OF SICKNESS ABSENCE POLICY	4
1.1 Introduction	4
1.2 Policy Statement.....	4
1.3 Policy Aims.....	4
1.4 Policy Objectives.....	4
1.5 Scope	5
GUIDANCE	6
2. ROLES AND RESPONSIBILITIES	6
2.1 Member of Staff.....	6
2.2 Manager/Supervisor	6
2.3 Human Resources	7
2.4 Occupational Health	8
2.5 Staff Welfare Service.....	8
2.6 Health and Safety Advisers	8
3. RECORD KEEPING.....	9
4. REPORTING PROCEDURES FOR SICKNESS ABSENCE	9
4.1 Sickness Notification.....	9
4.2 Certification.....	9
4.3 Notes for Staff Members.....	10
4.4 Notes for Managers/Supervisors.....	12
4.5 Sick Pay Arrangements.....	21
4.6 Sickness Absence Triggers.....	21
5. OCCUPATIONAL HEALTH REFERRALS.....	22
5.1 Reason for Referral	22
5.2 Advice on Making a Referral.....	23
5.3 The Occupational Health Assessment Process.....	23
5.4 Difficult / Complex Cases	24
APPENDIX A - FLOW CHART TO SUMMARISE REPORTING SICKNESS ABSENCE	25
APPENDIX B - FLOW CHART TO SUMMARISE MANAGING SICKNESS ABSENCE	26

1. MANAGEMENT OF SICKNESS ABSENCE POLICY

1.1 Introduction

The success of Isle of Man Government is directly related to the well-being of its staff. The benefits of this relationship are supported by research that shows that 'good work' is generally beneficial for people's health and positive perceptions about the workplace are linked with higher productivity and worker loyalty¹. In the context of well-being, 'good work' is, among other things, work that is safe, supportive and accommodates people's needs².

Regular and reliable attendance at work is a principle of an employment contract and the highest possible levels of attendance are a basic requirement. As staff absence has a significant effect on the ability of Government to provide services and on the workload of other staff, managers/supervisors have a duty to ensure that sickness absence is kept to a minimum.

1.2 Policy Statement

The Isle of Man Government is committed to establishing a culture that supports a safe, healthy and productive workforce and to maintaining policies that provide all members of staff with appropriate support in relation to their health to enable the highest possible level of attendance at work.

1.3 Policy Aims

The aim of this policy is to both engender and support a culture promoting the highest possible attendance amongst staff within the Isle of Man Government and to define the support that will be given and action that will be taken where an individual's level of attendance falls below the standard that is required in this regard.

1.4 Policy Objectives

To demonstrate Isle of Man Government's commitment to ensuring the highest possible levels of attendance:

- a) Any sickness absence will be managed sympathetically and sensitively. Although every case will need to be handled according to the individual circumstances, this policy and guidance has been developed to provide a consistent and fair approach.
- b) Guidance on managing sickness absence will be reviewed and updated by the Office of Human Resources as appropriate to ensure it supports the need to deliver quality public services.
- c) All managers/supervisors will have the responsibility for recording, monitoring and managing sickness absence levels.

¹IOSH, [Measuring national well-being](http://www.iosh.co.uk/~media/Documents/Books%20and%20resources/Policy%20and%20Consultation/Measuring%20national%20well%20being.ashx)
<http://www.iosh.co.uk/~media/Documents/Books%20and%20resources/Policy%20and%20Consultation/Measuring%20national%20well%20being.ashx>

²Waddell, G and Burton, A K London, 2006 [Is work good for your health and well-being?](http://www.dwp.gov.uk/docs/hwwb-is-work-good-for-your-health-and-well-being?)
<http://www.dwp.gov.uk/docs/hwwb-is-work-good-for-you.pdf>

- d) Records of all categories of absence must be kept to facilitate effective management, monitoring and identification at an early stage of individual and organisational absence patterns.
- e) Human Resources, Occupational Health and Welfare Services are available to provide advice and support for all staff.
- f) All members of staff will have a responsibility to make every effort to achieve the highest possible level of attendance, to obtain authorisation for all absences and to comply with the provisions of their Sick Pay Scheme.
- g) Members of staff who have health issues that impact on work will be required to attend for Occupational Health assessments if requested by their manager. They will be supported, wherever possible and appropriate, by reasonable workplace adjustments, counselling and welfare services within the resources available to employing authorities. Members of staff will be expected to adhere to advice given by these services to maximise recovery and fitness for work.
- h) Managers/supervisors will be expected to respond to Occupational Health advice and to facilitate workplace adjustments where reasonably practicable.
- i) Government will work in partnership with staff side representatives of Trade Unions and professional bodies to develop arrangements for managing attendance that meet the needs of staff and the delivery of effective, efficient public services.

1.5 Scope

- a) This policy applies to all staff employed by the Isle of Man Government,³ whether full-time, part-time or limited term, with the exception of bank, relief and supply staff.
- b) Temporary staff who are engaged through external agencies are excluded from the scope of this document.
- c) The concept of sick leave assumes a return to duty and the full sickness entitlement only applies if there is likely to be a return to work.
- d) All absence from work due to sickness, whether certified or not certified will initially be considered within the scope of this policy and guidance. The policy is based on the principle that all absence reported as sickness is genuine and unavoidable. If managers/supervisors have reason to believe that this is not the case action may be taken under the appropriate Disciplinary Policy and Procedure.
- e) This policy should be read in conjunction with the individual member of staff's terms and conditions of employment. Advice should be sought from the Office of Human Resources where appropriate.
- f) The main areas covered under the Guidance are: Roles and Responsibilities; Record Keeping; Reporting Procedures for Sickness Absence and Occupational Health Referrals.

³ For the purposes of this document "Isle of Man Government" or "Government" is taken to mean all 'designated bodies' as defined within the Financial Regulations.

GUIDANCE

2. ROLES AND RESPONSIBILITIES

2.1 Member of Staff

Members of staff should attend for work and perform the duties of their post unless they have an authorised absence, for example, sickness absence or annual leave. Members of staff should not attend work if they are unwell or unfit, if in doing so they would affect their health and the health of others.

Specific Responsibilities (See [4.3](#) for more detail):

- a) Take reasonable steps to maintain a good standard of general health in order to minimise absence from work.
- b) Be aware of and follow this sickness absence process.
- c) Be aware of who to contact if you are absent from work.
- d) Keep in touch with your manager/supervisor if the period of absence continues.
- e) Co-operate with return to work meetings. ([4.4.3](#))
- f) Provide the necessary documents (self-certification or medical certificate) within the required timescales in order to ensure that accurate sickness absence records are maintained.
- g) Attend an Occupational Health appointment in the event of a referral, or advise the service if you are unable to attend so that an alternative date can be arranged.
- h) Inform your manager/supervisor about any incapacity or work related issue which you may have, or which may potentially have an impact on your ability to attend work and cooperate with the line manager/supervisor in identifying and implementing all reasonable steps to enable you to stay at work.
- i) As soon as you go onto half sick pay, you **must** submit a completed Incapacity Benefit Claim Form (SC1) direct to Social Security, Treasury.

2.2 Manager/Supervisor

It is the responsibility of managers / supervisors to monitor the attendance of their staff and to effectively deal with any absence issues in accordance with these guidelines.

Specific Responsibilities (See [4.4](#) for more detail):

- a) Ensure staff are familiar with this policy and are aware of the notification procedures, who to notify and by when, IOM Government attendance standards and also of the consequences of failure to adhere to these standards and procedures. These should be explained to all new members of staff as part of their induction and reinforced regularly in team meetings.

- b) Doctor's notes should be sent direct to the manager/supervisor, who should:
 - scan and save a copy of the document in their staff file
 - record it on PiP, details on how to add this information is detailed here: [Add Doctors Certificate](#)
 - mail the original sick note back to the member of staff.
- c) Keep accurate records from first receiving [notification of a sickness absence](#) until the member of staff returns to work.
- d) Ensure that sickness absence records of all members of staff are regularly reviewed and appropriate action is taken as necessary.
- e) Follow the procedure for sickness absence recording on the HR database.
- f) Create a team atmosphere and culture which promotes and encourages the highest possible attendance at work and get to know staff well enough to exercise judgement in individual cases.
- g) Maintain regular contact with the member of staff throughout the period of absence to offer support and access to Staff Welfare or Occupational Health if appropriate.
- h) Speak to the member of staff on the first day back at work (or as soon as practicable) after every sickness absence ([Complete Return to work form](#)).
- i) Consider whether further support and advice from the Office of Human Resources is required, for example:
 - Occupational Health referral
 - [Phased return to work](#) for staff returning from long term sick absence (For PSC members of staff see the PSC PRTW Policy) if not previously discussed.
- j) If a member of staff reports an issue or health matter that impacts, or has the potential to impact, on attendance at work then all reasonable steps should be taken to support the individual and to enable them to remain at work. If there are health and safety implications for the member of staff or others then a specific risk assessment must be carried out.
- k) Ensure, as far as possible, that members of staff who have secondary employment are aware that they must declare it when applying for Incapacity Benefit, as failure to do so could result in a fraudulent claim.
- l) Make a member of staff aware, when their sick pay will be reduced, of the Temporary Injury Allowance Process and Procedures if the absence is due to an injury, disease or other health condition that is wholly or mainly attributable to their employment.

2.3 Human Resources

Human Resources will give advice and guidance to managers / supervisors on ways of dealing with health related problems with regard to their staff.

Specific Responsibilities:

- a) Provide advice and guidance on this Policy, including training as required.

- b) Provide information relating to sickness absence.
- c) Advise on and encourage consistent and fair management of sickness absence.
- d) Advise on the handling of individual cases as appropriate.
- e) Support managers in close liaison with Occupational Health in adopting a range of options to facilitate a healthy workplace and return to work programmes.

2.4 Occupational Health

The Occupational Health physicians and nurses provide specialist medical advice to assist managers/supervisors to understand the health issues which might affect staff at work.

The advice from Occupational Health:

- a) is frequently required as part of the monitoring and management of sickness absence
- b) is impartial
- c) aims to assist members of staff to regain their health and return to work as quickly as possible
- d) helps members of staff who are unable to return to their normal duties to find the best way forward
- e) assists managers / supervisors to plan for the impact of sickness absence or health restrictions.

2.5 Staff Welfare Service

Staff Welfare offers information, help, support and counselling on a wide range of issues which can affect attendance at work. Staff can self-refer to this service by contacting Staff Welfare on telephone number 687027.

2.6 Health and Safety Advisers

When managing attendance, consideration must be given to the health and safety implications for the individual with the health problem, as well as for colleagues and others. Health and Safety Advisers can provide assistance to managers / supervisors and staff in identifying any issues, evaluating the level of risk and identifying controls that may contribute to the person being able to remain at work and being effective and efficient.

3. RECORD KEEPING

Clear, comprehensive and accurate records must be maintained for all sickness absences. (See [Sickness Absence Forms](#) and [Appendix A](#) for flow chart)

- a) All sickness absences should be recorded in days or hours or fraction thereof on the HR database as determined by the employing authority.
- b) For the purpose of this policy, long-term sickness absence is a single absence of 20 or more working days.

The Office of Human Resources and relevant Department, Board or Office Privacy Notices describe how personal information about you is collected and used during and after your working relationship within the Isle of Man Government and what legal basis there is for gathering and retaining that information in accordance with the Data Protection Act 2018, including the General Data Protection Regulation. For further details about the information collected and retention periods please refer to the Office of Human Resources and relevant Department, Board or Office Privacy Notices, which are incorporated in to this policy and guidance by reference.

4. REPORTING PROCEDURES FOR SICKNESS ABSENCE

Members of staff are encouraged to talk to their managers/supervisors about any health concerns they may have. The manager/supervisor may seek advice from the Office of Human Resources, Occupational Health, Staff Welfare or Health and Safety Advisers at any stage.

4.1 Sickness Notification

The flow chart at Appendix A details the procedures for reporting sickness absence. Members of staff are required to notify their manager/supervisor or the most appropriate person as early as possible if they are sick and unable to attend work. They should make contact personally unless the medical condition prevents normal communication, in which case someone else should do so on their behalf. This should normally be done within one hour of their work start time, unless the departmental procedures require earlier notification. Failure to report sickness absence within the agreed departmental timescale may result in it being treated as unauthorised absence and may lead to sick pay being withheld and/or disciplinary action being taken.

Members of staff are responsible for keeping their managers/supervisors informed of the likely duration of their illness and intended date of return to work. The manager/supervisor should also contact the member of staff to check progress where necessary. Members of staff should keep a copy of this *Management of Sickness Absence Policy and Guidance* so that they are aware of and can remind themselves of their obligations in the event of sickness absence. The document is available on the OHR website at: <https://hr.gov.im/sickness-and-absence/>

4.2 Certification

The [sickness absence forms](#), which must be completed and submitted via manager/supervisor according to departmental instructions for processing absence, are available on PiP. Throughout the absence the manager/ supervisor should keep

a written note of contact, recording dates and comments eg treatment sought, medical certificates received etc.

- i. For periods of sickness of 1-7 calendar days:
 - Notification of sickness absence using the [online PiP Notification of Absence Form](#)
 - Details of all contact during ongoing sickness absence
 - [Return to Work Meeting Record](#) (to be completed and retained by manager)
 - Online [PiP Sickness Declaration Form](#) to be completed and submitted by member of staff

- ii. For periods of sickness of 8 or more calendar days⁴:
 - All of the above AND
 - Doctor's medical certificate [details recorded on PiP](#)

- iii. For absences due to an accident/ injury at work:
 - Follow departmental accident notification procedures eg complete accident form and Health and Safety at Work Inspectorate's Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) reporting forms, if appropriate.

<https://www.gov.im/categories/business-and-industries/health-and-safety-at-work/accident-reporting/>

These records maybe required should an individual subsequently make a Temporary Injury Award Claim.

- iv. Managers/supervisors must ensure that members of staff are given sufficient notice as to when they will progress to half or nil pay and ensure that they are reminded to complete an SC1 form upon receiving pre-notification of the of going onto half sick pay.

- v. As soon as a member of staff goes onto half sick pay, they must submit a completed Incapacity Benefit Claim Form (SC1) direct to Social Security, Treasury. SC1 Forms are available from your GP or on request from Social Security via their website on <https://www.gov.im/categories/benefits-and-financial-support/illness-and-disabilities/incapacity-benefit/>

Note: If a member of staff has secondary employment, this must be declared on the Incapacity Benefit Claim form (SC1). Failure to do so could result in a fraudulent claim for Incapacity Benefit.

4.3 Notes for Staff Members

Day 1

- a) You must notify your manager/supervisor as soon as possible in accordance with the notification requirements of your department. You should give details of your sickness (words like 'illness' or 'unwell' are insufficient) and some indication, if possible, of when you are likely to return to work. Where appropriate you should advise of any potential problems/ work commitments which might arise during your absence. In the event that your manager/supervisor is unavailable you must speak to the most appropriate

⁴ Currently, in line with the rules relating to Incapacity Benefit, a member of staff does not need to provide a Doctor's Medical certificate for an absence of 14 days or less. For further information - <https://www.gov.im/categories/benefits-and-financial-support/illness-and-disabilities/incapacity-benefit/>

person. You are expected to make contact personally. Only in exceptional circumstances, for example where the medical condition prevents normal communication, should someone else make contact for you, but make sure that the information outlined above can be given.

- b) If you fail to report sickness absence within the agreed timescale this will result in it being treated as unauthorised absence and may lead to sick pay being withheld and/or disciplinary action.
- c) You must follow the procedures for reporting accidents at work where the sickness absence is due to an accident or injury at work.
- d) You are not entitled to receive sick pay where the sickness absence is due to injuries as a result of negligence of a third party if damages may be recoverable from the third party. In this case a sum not exceeding sick pay may be advanced, subject to receipt of an undertaking to refund the advance from any damages received. (See relevant terms and conditions)
- e) You must keep in regular contact with your manager/supervisor during your sickness absence (suggested daily for first week in order to plan work cover; thereafter weekly).
- f) You must meet with your manager/supervisor on returning to work and complete the [Sickness Declaration Form](#).

Day 4

- g) If you are still absent and this was not foreseen on Day 1 of your sickness absence you must again notify your manager/supervisor giving details of your continuing sickness and, if possible, when you expect to return to work. When your fourth day of sickness absence falls on a day when the organisation is closed, i.e. a non-working day, then contact should be made on your next working day.

Day 8

- h) If you are absent for 8 or more consecutive days (including weekends) you must obtain a doctor's medical certificate (sick note) immediately⁵. You should then inform your manager/supervisor of the period covered by the certificate and forward the certificate to your manager/supervisor immediately. It is your responsibility to keep in touch with your manager/supervisor regarding ongoing illness, although you should also expect your manager/supervisor to contact you on a regular basis. You should agree times and frequency of communication and attend meetings as appropriate and as agreed.

Continuing Sickness

- i) If you do not think that you will be fit to return to work by the end of the period covered by the medical certificate (sick note), you must return to your doctor to obtain a further certificate and follow the procedure as per 'Day 8' above. Ensure you inform your manager/ supervisor of the reason for continuing absence.

⁵ Currently, in line with the rules relating to Incapacity Benefit, a member of staff does not need to provide a Doctor's Medical certificate for an absence of 14 days or less. For further information - <https://www.gov.im/categories/benefits-and-financial-support/illness-and-disabilities/incapacity-benefit/>

- j) As soon as you go onto half sick pay, you **must** submit a completed Incapacity Benefit Claim Form (SC1) direct to Social Security, Treasury.
- k) If your absence is due to an injury disease or other health condition that is wholly or mainly attributable to your employment and your sick pay will be reduced you may be entitled to a Temporary Injury Allowance.
- l) During long term absence (continuous period of 20 or more working days) a visit by the manager/supervisor at an alternative venue (eg home) will be undertaken where practicable and with the agreement of the member of staff, if a meeting in the office is not feasible.

Note:

- i. It is important that each medical certificate (sick note) relates to the period commencing immediately after the expiry of the preceding sick note. Days not covered by a doctor's certificate will not attract sick pay and may be treated as unauthorised absences.
- ii. If you wish to return to work within the certified sick period, you must obtain a certificate from your GP to confirm that you are fit to return to work at an earlier date than that specified on the original sick note.
- iii. Where sickness occurs during periods of annual leave, you must personally contact your manager/supervisor to advise them of this. Provided the manager/supervisor is notified and the full absence is covered by a doctor's certificate approval should be given for the leave to be taken at a future date, subject to the demands of the service and the provisions of your terms and conditions. Periods of sickness spanning the end of one leave year and start of the next, will result in any unused leave being carried forward subject to the maximum permitted carry over allowance. Any unused leave in excess of the permitted carry over allowance will be lost.

Return to Work

- m) You must give your manager/supervisor advance notice of your intended date of return to work wherever possible.
- n) If your manager/supervisor has concerns regarding your fitness to return to work you may be asked to obtain a certificate of fitness for work from your doctor which should state the date you can return to work.
- o) Regardless of how long you have been absent, when you return to work your manager/supervisor will arrange a return to work meeting to discuss your sickness absence with you. You will need to complete a [Sickness Declaration Form](#) and submit this to the Absence Administration team to close the absence.

4.4 Notes for Managers/Supervisors

4.4.1 Completion of a Notification of Sickness Absence Form

- a) On the first day of absence the manager/supervisor must complete a [Notification of Sickness Absence Form](#) for every incidence of unexpected sickness absence. Consider at the outset if an Occupational Health referral is appropriate. If necessary seek advice from the Office of Human Resources.

- b) If the absence is as a result of an accident or injury at work the manager/supervisor should also ensure that accident reporting arrangements are followed. ([4.2 iii](#))
- c) Where the sickness absence is due to injuries as a result of negligence of a third party a member of staff may not be eligible to receive sick pay if damages may be recoverable from the third party. In this case a sum not exceeding sick pay may be advanced, subject to receipt of an undertaking to refund the advance from any damages received.
- d) Where, due to operational needs, it is not practical for managers/supervisors to be the initial point of contact for members of staff, notification should be made to an appropriate person who will complete the Notification of Sickness Absence Form. Members of staff will have been advised of the requirements for notifying unexpected sickness absence and should therefore be aware of most of the detailed information to be included in the [Notification of Sickness Absence Form](#).
- e) It is expected that absence will be notified personally. However, in exceptional circumstances, for example where the medical condition prevents normal communication, someone else may report an absence on behalf of the member of staff.
- f) The reason for absence given on the Notification of Sickness Absence Form needs to provide sufficient detail for the HR database input. (Additionally, a fuller explanation should be retained on the member of staff's management file for information purposes). Notification of Sickness Absences should be forwarded to the Absence Administration team.
- g) In ongoing sickness absence, ensure that there is no implication for pay. (See Section [4.5](#))
- h) The number of days' absence should be calculated in accordance with the member of staff's terms and conditions of appointment. These records are essential in monitoring attendance and for sick pay purposes.

Note:

- i. When sickness absence is recorded on the HR database ONLY working days/hours lost through sickness absence are recorded, based on the start and end date of absences.
- ii. However, unless otherwise specified within Terms and Conditions, calculations for sick pay will include all days of absence including weekends and public holidays if they occur within a period of sick absence. Only those weekends or public holidays occurring at the beginning or end of a period of sick absence should not be included or reckoned.
- iii. If the member of staff wishes to return to work within the certified sick period, they must obtain a certificate from their GP to confirm that they are fit to return to work at an earlier date than that specified on the current sick note.
- iv. Where a member of staff returns to work on a phased return basis, any period of reduced hours will be recorded as a full working day and not as sickness absence.

4.4.2 Contact during on-going Periods of Absence

- a) Before contacting the member of staff, consider whether there may be possible factors contributing to the absence, as addressing these may support the individual to return to work.
- b) While the reporting requirements (daily for the first week in order to plan work cover, thereafter, weekly) provide for members of staff to regularly update line managers/supervisors during periods of sickness absence it is a key responsibility of the manager/supervisor to ensure regular contact is maintained. If no contact has been made by the member of staff after the first day of absence, the manager/supervisor should make contact to ascertain the reason for absence. All contact needs to be handled sensitively and should be recorded.
- c) The purpose of maintaining contact is to monitor the well-being of the member of staff and their progress so that appropriate support can be given, where possible, as well as enabling adjustments to be made to operational planning or workforce management etc. Contact may be by telephone, home visit or meeting. It is important to agree a mechanism for keeping the member of staff up to date with work issues that is appropriate to their state of health and is reasonable in terms of ensuring they are abreast of issues on their return to work. Seek support and advice from the Office of Human Resources if contact cannot be maintained or medical certificates (sick notes) are not provided in a timely manner.
- d) Managers/supervisors should liaise closely with the pay section over reductions in sick pay. Managers (or delegates) are required to notify staff, as soon as they themselves are informed as to when the member of staff will go on to half or nil pay, unless there are other departmental arrangements in place.
- e) As soon as a member of staff goes onto half sick pay, they must submit a completed Incapacity Benefit Claim Form (SC1) direct to Social Security, Treasury. SC1 Forms are available from GPs or on request from Social Security via their website on <https://www.gov.im/categories/benefits-and-financial-support/illness-and-disabilities/incapacity-benefit/>.

4.4.3 Return to Work Meeting

- a) It is the responsibility of managers/supervisors to ensure that all members of staff are seen on their return to work. A brief talk on return to work enables the manager/supervisor to show interest in the well-being of staff and authorise the relevant documentation relating to the period of sickness absence. The discussion also provides the opportunity to raise any concerns about levels of absence and to agree an appropriate course of action. Discussions should always be held in private and in all cases the manager/supervisor must handle the discussions sympathetically and tactfully. It is essential that confidentiality is respected.
- b) The return to work discussion, which must be held after every sickness absence, is crucial to managing attendance. It enables managers/supervisors, in discussion with members of staff to find out and, where possible, address any causes of sickness absence from work, communicate to members of staff the importance of attendance and the standards required. Where the member of staff's sickness absence gives cause for concern a

more detailed discussion and review of an individual's attendance record will be required. [\(4.6\)](#)

c) Additional Considerations:

- i. In the manager/supervisor's absence it is essential that deputising arrangements are in place.
 - ii. Where appropriate, managers/supervisors should ensure that agreement is reached as to what action the member of staff is to take to reduce the likelihood of the sickness absence recurring.
 - iii. Confirm what reasonable adjustments to duties/hours of work, if any, will be made and over what period, for example, a phased return to work or specialist equipment. A phased return to work would not normally be expected to last for longer than 6 weeks⁶.
- d) Where it is evident that the member of staff has underlying problems, whether work related or of a personal nature, the manager/supervisor should explore the underlying problems with the member of staff and identify ways in which they may be addressed and the member of staff supported.

Note: Consider the possibility of an Occupational Health referral. [\(See 5\)](#)

- e) The manager/supervisor must record briefly what follow-up action is required on the [Return to Work Meeting Record](#). If no action is required then this should also be recorded on the form. A potential action plan might include:
- i. Identification of a training need
 - ii. Submission of an Occupational Health referral
 - iii. Where appropriate, a reminder of the support available through Staff Welfare Service
 - iv. Target outcomes eg seeking their GP's advice (these should be agreed between the member of staff and the manager/supervisor)
 - v. Commencement/progression of the relevant capability procedure. This will include support arrangements and setting attendance targets. Staff should be properly informed with regard to the stage of the procedure.
- f) In every case a copy of all completed forms regarding the sickness absence should be retained on the member of staff's management file. Data should be kept for as long as it is necessary/ relevant e.g. four years for civil servants.

4.4.4 A Guide to Effective Discussions on Return to Work

Introduction

- a) A return to work discussion following a period of sickness absence is intended to be informal and will usually be in the form of a 'conversation with a purpose' held in private, in an atmosphere of mutual trust. It is essential that confidentiality is respected. It is important that you handle the discussion sympathetically and ensure that this is balanced within the needs of the service.

⁶ PSC employees should refer to the PSC Phased Return to work Policy and Procedure and DHSC employees should refer to the DHSC Policy.

- b) In most cases, there will not be any concern over the member of staff's level of sickness absence and the discussion will probably be brief. In those circumstances all that the manager/supervisor will need to do is to welcome the staff member back and complete and authorise relevant documentation. Sometimes, particularly where a member of staff's level of sickness absence is a concern, the manager/supervisor will need to do more.
- c) The following guidance sets out a model approach for a return to work discussion which managers/supervisors may wish to adapt according to their knowledge of the individuals with whom they are meeting, their attendance records and any other relevant issues at the time of each discussion (Further advice may be sought from an HR Adviser).
- d) For the discussion to be effective the manager/supervisor needs to:
 - i. be clear about its purpose
 - ii. prepare for the meeting
 - iii. meet with the individual (rather than conduct the discussion by telephone)
 - iv. communicate clearly and actively listen to the individual
 - v. decide on any necessary course of action
 - vi. ensure the identified action is taken
 - vii. monitor progress and review the situation after an appropriate interval.

The purpose of the discussion is to:

- i. welcome the member of staff back to work
- ii. confirm the reason for the sickness absence
- iii. check that they are fit to return to work
- iv. find out if there are any health issues which affect work or any underlying work issues which have contributed to the individual's sickness absence
- v. work out an action plan to address any issues
- vi. ensure the member of staff understands the IOM Government's required standard of attendance
- vii. ensure appropriate documentation has been completed, eg Notification of Sickness Absence, Sickness Declaration form, accident book and/or forms, medical certificates produced [\(4.2\)](#)
- viii. update the staff on activities during their sickness absence and agree work priorities
- ix. review sickness absence record in comparison with IOM Government trigger points and identify absence or patterns of sickness absence that may be cause for concern [\(4.6\)](#).

Note: Managers/supervisors should keep a written record of the discussion.

Preparation

- e) When the member of staff notifies you of their return to work you should immediately start to plan the arrangements for a return to work discussion. Make sure any venue chosen is one which provides privacy without interruption and remember that the discussion must take place as soon as possible after the return to work.
- f) Assemble all relevant information, including the member of staff's absence records, attendance card, authority/section statistics, [Notification of Sickness](#)

[Absence Form](#) and, if relevant, details of any current monitoring periods in accordance with the capability procedure.

- g) Be clear about what information you require from the member of staff in advance but be prepared to ask additional questions if necessary. You should adopt a flexible approach and take care not to pre-judge the situation.
- h) If the level or pattern of attendance is giving cause for concern and further action is required you need to consider what steps may be taken and familiarise yourself with relevant formal processes so that you are able to advise what will happen next. For example, if the capability procedure is to commence, check that the action will be in accordance with the terms and conditions relevant to the individual and clarify the limits of your authority and that of more senior managers.

Remember: This is a 'conversation with a purpose' following return to work, not a discipline or capability interview. You are encouraged to seek advice from your HR Adviser if the case has reached this stage.

The Discussion

As with any productive communication, you should lead an open and straightforward discussion, demonstrating your interest in the well-being of the member of staff, actively listening and speaking to the member of staff in terms which can be easily understood.

You may find all or parts of the following approach useful:

- i) Explain that the purpose of the discussion is to show concern for the member of staff's well-being and to demonstrate the importance the Department/ Board/Office/IOM Government places on high attendance levels.
- j) Find out if there are any problems and convey your interest in the staff member's well-being. Can the Department (or you as management) help in some way? eg draw attention to availability of support through the Staff Welfare Service. Is the staff member seeking help already from a GP, Specialist or other agency?
- k) Check the member of staff is fit to resume normal duties and, where appropriate, has been signed fit for duty by the GP. If you feel the member of staff is not fully fit, reference should be made to a more senior manager and/or the Office of Human Resources before the individual is allowed to return to normal duties. (It is likely that if this happens the member of staff will be referred to the Department's Occupational Health Service).
- l) Check that all the appropriate forms and certificates have been completed and returned. This provides the opportunity to open discussions in a non-controversial way. However, if the individual has failed to follow either the notification or certification process this should be brought to their attention. Remember that failure to comply with procedures should be viewed as misconduct unless there is a reasonable explanation for the breach.
- m) Determine the cause of the absence and background information (See also [4.4.2](#)):

- i. Is this an isolated sickness absence in an otherwise good attendance record?
 - ii. Is this the same type of sickness absence as previous sickness absences?
 - iii. Is this one in a series of different types of absences that have occurred?
 - iv. Is the cause of the absence likely to recur in the future? Are there work implications or ways of preventing future absence?
 - v. Does the frequency, regularity and reason of the sickness absence suggest some underlying cause? Would it be appropriate to seek guidance on whether an Occupational Health referral might be helpful?
 - vi. Are there gaps in the explanation given or differences between the documentation and explanation given which need to be followed up?
 - vii. Is there any connection between the sickness and the workplace? Can anything be done to prevent the situation from recurring?
- n) Review the staff member's sickness/attendance record with the individual. Consider and discuss the impact of the sickness absence on work and colleagues, referring to the actual dates and lengths of absences as appropriate.
- o) Ensure the member of staff knows that they have been missed and bring them up to date on the progress of work schedules, projects and outstanding tasks. Explain any relevant arrangements made to provide cover and, if appropriate, reiterate the need for higher levels of attendance and the standard expected as indicated within the Isle of Man Government [Management of Sickness Absence Policy and Guidance](#).
- p) If the member of staff is reticent and does not take part in the discussion, ask for any observations or comments on what you have said. Obtaining this feedback is an important aspect of the process because it will be crucial in determining what action, if any, needs to be taken.
- q) If no action is felt necessary conclude the discussion; if appropriate, draw attention to the [Management of Sickness Absence Policy and Guidance](#) and that it is a requirement for all members of staff to make every effort to achieve the highest possible level of attendance.
- r) If further action is necessary, you may wish to take some time to gather your thoughts and consider what action to take and make arrangements for a further meeting
- s) After considering the attendance record, comments expressed and other relevant facts you need to decide on one of the following courses of action:
- i. No action
Other than re-stating the need for the highest possible levels of attendance, the IOM Government sickness absence trigger points and confirming that the highest possible levels of attendance levels are in everyone's interest.
 - ii. Management Action
The discussion may highlight the need for some positive management action which should be discussed and agreed with the member of staff. For example you may need to seek guidance on whether a referral to the Occupational Health Service is appropriate or arrange changes to the staff member's pattern of work, the work environment etc. An HR Adviser, can assist and advise on implementation of agreed actions.

iii. Capability Procedures

The Capability Procedures may be instigated where it appears that the member of staff is incapable of meeting the required standard for attending work. If it is appropriate to invoke the relevant Capability Procedure, check the individual's terms and conditions relating to capability procedures and seek advice and support from your HR Adviser.

- t) Having had the initial return to work discussion and considered what course of action is to be taken, let the member of staff know your decision and the main facts which led to it, for example:
 - i. the most recent absence
 - ii. the general level of attendance
 - iii. the Authority/Department's policy
 - iv. any other relevant factors (e.g. the impact on workplace and colleagues).
- u) Reinforce the importance that the Isle of Man Government attaches to the highest possible levels of attendance which is set out clearly in the IOM Government [*Management of Sickness Absence Policy and Guidance*](#) and conclude the discussion on a positive note. This may be difficult at times when informal or formal action may have proved necessary. Nevertheless confirm the member of staff's value to the organisation and as a member of the team which should encourage improvement and help to restore good relations.
- v) Record your comments and the action taken on the Return to Work Meeting Record. If any action is to be taken, ensure this is confirmed in writing to the member of staff. This is of particular importance should it be necessary to address the member of staff's attendance via the capability or disciplinary procedures.

4.4.5 Suggested Questions for a Return to Work Meeting

a) Recurring health problems

- i. What health problems are you experiencing?
- ii. How often?
- iii. What happens when you have these health problems?
- iv. How does it affect the way you work?
- v. What impact do they have on what you can do?
- vi. What support can we offer?
- vii. How will that help?
- viii. What has your doctor/consultant suggested?

b) Underlying reasons that may be contributing to the absences

- i. What do you think might be contributing to these absences?
- ii. What impact is that having on your attendance?
- iii. What support is available to you?
- iv. How can we support you?
- v. How are you feeling about this situation?
- vi. What would you like to happen?

c) Has medical advice been followed?

- i. What advice has your doctor/consultant given you?

- ii. What has worked?
- iii. How well has it worked?
- iv. What was difficult to follow?
- v. What made it difficult to follow?
- vi. How can we support you in following the advice?

d) The potential effects of your absence

- i. What is the impact of your absence on the department?
- ii. Who covers your work when you are absent?
- iii. What is the impact on your colleagues?
- iv. What is the impact on the service?

4.4.6 Phased Return to Work and Temporary Adjustments to Duties

In order to support an early return to work managers/supervisors should consider a Phased Return to Work or Temporary Adjustments to Duties as provided for within individual terms and conditions of employment.

The manager/supervisor should confirm what reasonable adjustments to duties/ hours of work will be made, if any, and over what period, where such adjustments have been recommended by an Occupational Health Practitioner to assist the rehabilitation of the employee back to work, such as for example, a phased return to work or specialist equipment. A phased return would not normally be expected to last longer than 6 weeks.

Some groups of staff have detailed procedures in place with regard to Phased Returns to Work. PSC employees should refer to the [PSC Phased Return to Work Policy and Procedure](#) and staff appointed under Manx Pay Terms and Conditions should refer to the Department of Health and Social Care Policy. Accrued annual leave may also be used to aid any phased return where appropriate.

Note: Health and Safety advice should be sought where there is concern that the new work arrangements significantly change risks for the individual or others.

4.4.7 Comments

It is important to remember that the judgements made should be based on factual information and not assumptions. In the event that a member of staff is eventually dismissed because of poor attendance, completed absence documentation will be used to support the facts of the case.

The original Notification of Absence documentation should be retained on the manager/supervisor's management file ensuring that relevant information is forwarded for inputting onto the HR database. For the purposes of pay, relevant information (eg date when a member of staff is to move to half or no pay) also needs to be forwarded to the appropriate Payroll Section.

Medical certificates should be copied to the Absence Administration team and the original should be sent to Social Security. Data should be retained for as long as it is necessary and relevant (eg 4 years in the case of civil servants); bearing in mind that an Occupational Health referral should include sickness absence records for the past 2 years.

4.4.8 Monitor Progress

You must ensure that any action you have decided upon is taken and the member of staff's attendance is kept under review. Monitoring attendance is vital for addressing concerns and/or ensuring that improvement in attendance is sustained.

Note: Further advice on the handling of any issues relating to the management of sickness absence can be obtained from your HR Adviser.

4.5 Sick Pay Arrangements

There are two elements to sick pay:

- i. Contractual sick pay is paid to the member of staff in accordance with the terms and conditions of employment.
- ii. Statutory sick pay is paid in accordance with rules determined by Social Security, Treasury.

Responsibility for determining when a member of staff is due to go onto half or no pay differs across employing authorities; however it is ultimately the responsibility of the manager/supervisor to monitor the situation and to communicate this information to the member of staff. Assistance and advice in this regard may be obtained from OHR.

Once a member of staff goes onto half or no pay, upon submission of an SC1 form to Social Security, they will receive the statutory sick pay direct in accordance with the Treasury rules.

4.6 Sickness Absence Triggers

A more formal review by the manager/supervisor may be 'triggered' by any of the following: a pattern of sickness absence which causes concern, frequent short term absences or long term absence. Please note that these triggers offer guidance and that managers/supervisors should exercise discretion in this regard.

4.6.1 Pattern of sickness absence

Where a combination of odd days or patterns of sickness absence exist which cause concern eg Mondays and Fridays or just before or just after holidays.

4.6.2 Frequent short term absences

These are measured using the Bradford Score. This is a diagnostic tool which assists in identifying such absences. Persistent short-term absenteeism can be more disruptive than occasional, longer term periods of sickness absence, which can sometimes be more easily planned. The higher the Bradford Score, the greater the number of short term sickness absences.

A Bradford Score of **128** or above within the previous 12 month period will act as a trigger for the manager to undertake a more formal review. This system in no way seeks to penalise genuine sickness absence, but it does introduce a transparent and fair means of identifying an unusually high number of short term absences.

Note: The Bradford Score does not replace the continuous management review of sickness absence and is not the only measure to trigger concerns about sickness absence.

The **Bradford Score** is calculated using the formula:

$$S \times S \times D = B$$

Where S = number of spells of absence taken by an individual in 52 weeks
D = number of days of absence taken by that individual in 52 weeks
B = the Bradford Score

For example:

$$10 \text{ one-day absences: } 10 \times 10 \times 10 = 1,000$$

$$1 \text{ ten-day absence: } 1 \times 1 \times 10 = 10$$

$$4 \text{ two-day absences: } 4 \times 4 \times 8 = 128$$

$$2 \text{ four-day absences: } 2 \times 2 \times 8 = 32$$

$$1 \text{ one-day absence, 2 two-day absences, 1 three-day absence} = 128 \\ 4 \times 4 \times 8 = 128$$

4.6.3 Long term absence

This is defined as an equivalent period of 20 or more working days continuous sickness absence in any period of 12 months.

Note: Absence Triggers provide an indication of whether further action may need to be taken, for example:

- Refer to Occupational Health ([5](#))
- Progress to Formal Capability Procedure ([4.4.4s iii](#))

5. OCCUPATIONAL HEALTH REFERRALS

This guidance summarises the roles and responsibilities of those involved when a formal referral is made to Occupational Health and details the procedure to be followed.

5.1 Reason for Referral

The most common reasons for referral to Occupational Health include:

- a) long term or continuing sickness absence where it is not clear when the person is likely to be able to return to work
- b) persistent and recurrent short term sickness absence
- c) evidence or concern that the member of staff's health is being adversely affected by their work
- d) a possibility that health may be a factor in performance or disciplinary issues
- e) the need to consider re-deployment, dismissal or retirement because of health reasons

- f) a health problem or disability which might be able to be accommodated in the workplace.

5.2 Advice on Making a Referral

If there is doubt about the need for a referral this should be discussed with Human Resources (HR) or Occupational Health before the paperwork is completed.

5.2.1 Checklist for Managers Making a Referral

- a) Discuss with your HR Adviser if advice is needed.
- b) Identify/establish the need for the referral (for example, can Occupational Health provide a clearer picture about the medical situation?)
- c) Discuss the reason for the referral with the member of staff and advise them of the questions that you intend to ask Occupational Health. It is important that the member of staff understands the reason for the referral and that they attend the appointment when arranged.
- d) Complete referral paperwork and attach supporting information: as requested on the [Occupational Health Referral form](#).
- e) Ensure the referral has been copied to your HR Adviser and to the member of staff.

5.3 The Occupational Health Assessment Process

Following receipt of the referral Occupational Health will:

- a) Send an appointment letter direct to the member of staff. This will usually be within 2 weeks and an information sheet will be sent to the member of staff with the first appointment letter.
- b) Undertake a clinical assessment of the member of staff. This may take several appointments and may need to involve obtaining specific medical details from the member of staff's General Practitioner or Specialist.
- c) Provide a written report which may include:
 - i. an opinion about fitness to work and ability to fulfil the duties of a post
 - ii. a prediction about the likelihood of a return to work
 - iii. an opinion about how the work environment or duties may impact on the health issue and vice versa and advice on possible adjustments
 - iv. recommendations about health restrictions
 - v. advice about help or support for example a phased return to hours or duties.

This report will be copied to the member of staff, manager/supervisor and the relevant HR Adviser. General Medical Council guidance requires that the member of staff is given the option of receiving their copy before the report is sent to the manager/supervisor. This may result in a delay in dispatching the manager/supervisor/ HR copy. It is routinely held for 3 days before dispatch.

Occupational Health is not able to:

- a) expedite other specialist appointments or hospital investigations and treatment.
- b) provide a second opinion for staff who are unhappy with the medical treatment they have received.
- c) make management recommendations or decisions such as whether a member of staff should be dismissed.
- d) disclose confidential medical information without the specific consent of the member of staff.

Unless it is particularly relevant and the member of staff consents to disclosure, detailed clinical information will not be included in Occupational Health reports.

Formal advice from Occupational Health will always be provided in writing with a copy to the member of staff. Informal discussion by telephone or email may take place with the member of staff's consent but this will tend to be of a general rather than specific nature. It should be noted that members of staff, in accordance with the [Isle of Man Data Protection Act 2018](#), have a right of access to their Occupational Health Records. Such access may include all correspondence, emails and records of telephone conversations received by the Occupational Health Practitioner.

5.4 Difficult/Complex Cases

The quality and clarity of advice provided by the Occupational Health is largely dependent on the background information, detail and specific questions provided by managers/supervisors for each referral. In some cases there may be conflicting views and perceptions between the manager/supervisor and the member of staff about work issues and further updates and clarification should be provided by the manager/supervisor, if this will assist the Occupational Health Practitioner in understanding the case. Where it is relevant the Occupational Health Practitioner has a duty to make managers aware of how staff feel about the work situation, particularly in cases of work related stress. Perceptions and feelings are reported as such and not as fact.

5.5 Forms

The sickness absence forms may be accessed on the Office of Human Recourses website, (<https://hr.gov.im/sickness-and-absence/sickness-absence-procedure/>).

APPENDIX A - FLOW CHART TO SUMMARISE REPORTING SICKNESS ABSENCE

- Member of staff to contact manager/supervisor as soon as possible, in accordance with notification procedures (normally within 1 hour of start time)
- Provide reason for sickness absence and estimated date of return
- Manager/supervisor to complete [Notification of Sickness Absence Form](#) (4)

Return to work after sickness absence of between 1-3 days

NO

YES

- Day 4 (4.2)
- Member of staff to notify manager/supervisor of continuing sickness and
 - Manager/supervisor to record details of contact

- Return to Work (4.2)
- Member of staff to submit [Sickness Declaration Form](#) to manager/supervisor
 - Member of staff and manager to complete [Return to Work Meeting Record](#)
 - Manager/supervisor to monitor attendance and review Bradford score (4.6.2) – If necessary proceed to [Appendix B](#)

Return to work after sickness absence of 4-7 days

YES

NO

- Day 8 (4.2)
- Member of staff to notify manager/supervisor of continuing sickness and
 - Submit copy of doctor's medical certificate to Absence Administration team
 - Manager/supervisor record details regarding ongoing sickness absence

- Continuing Sickness
- A Bradford Score of 128 or more points over the previous 12 months OR
 - Sickness exceeds 20 working days in one episode OR
 - Another trigger (4.6)

YES

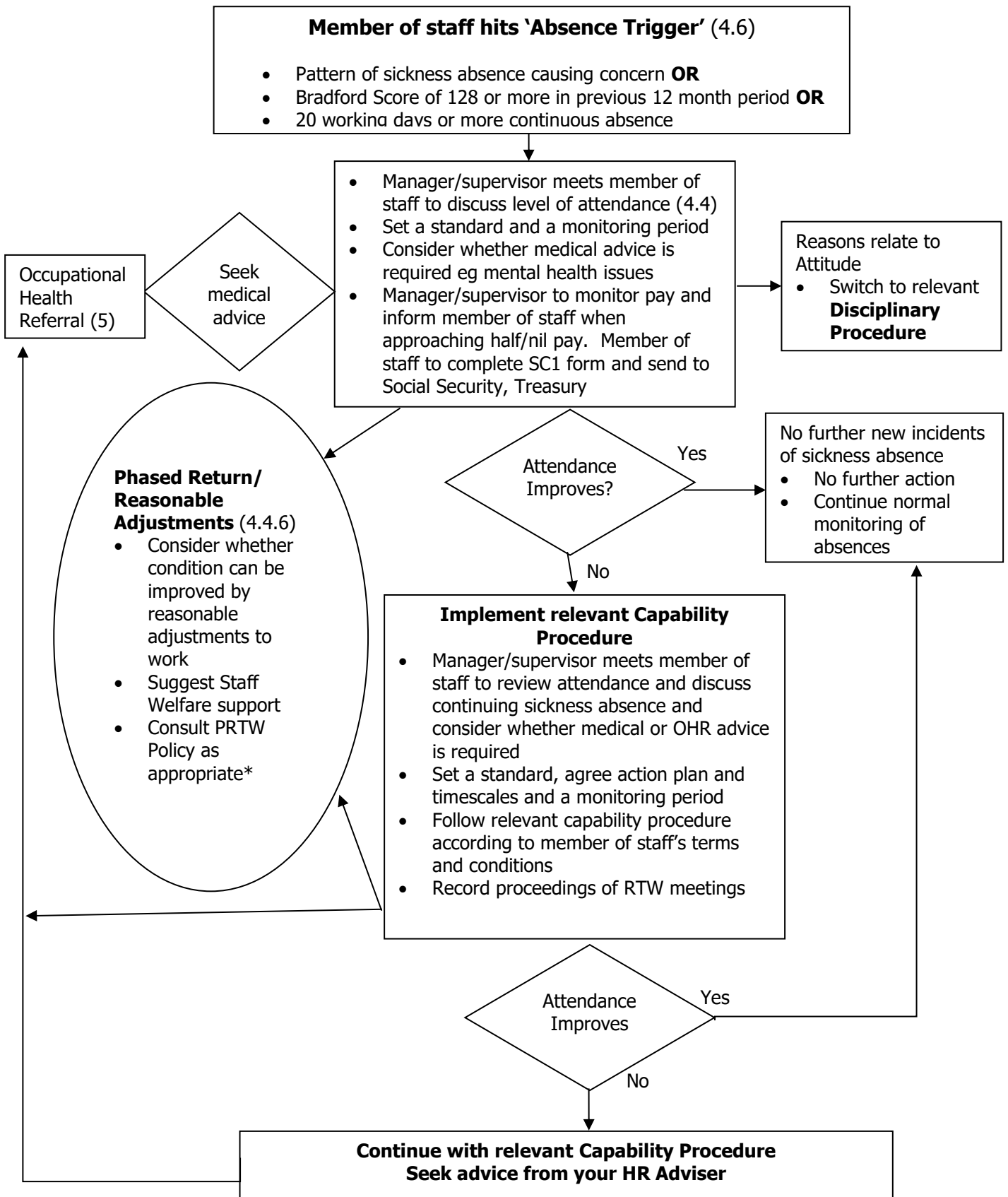
NO

See Flow Chart at [Appendix B](#)

- Return to Work (8 days or more)
- Member of staff to submit Sickness Declaration Form to manager/supervisor
 - Member of staff and manager/supervisor to complete [Return to Work Meeting Record](#)
 - Manager/supervisor to put return to work plan into operation
 - Manager/supervisor to monitor attendance and review Bradford Score (4.6.2)
 - If necessary proceed as per flow chart at [Appendix B](#)

As soon as a member of staff goes onto half sick pay, they must submit a completed Incapacity Benefit Claim Form (SC1) direct to Social Security, Treasury.

APPENDIX B - FLOW CHART TO SUMMARISE MANAGING SICKNESS ABSENCE



* [PSC Phased Return to Work Policy and Procedure](#)/Manx Care Phased Return to Work Policy

Note: If mental health is an issue please refer to the ['Stress Resources and Interventions – Employees and Managers' flowchart](#)