

HR Services

Employee Handbook



CODE OF PRACTICE FOR THE MANAGEMENT OF SICKNESS ABSENCE

SECTION ONE : INTRODUCTION

1.1 We are committed to promoting a healthy and safe working environment and supporting staff in maintaining a healthy lifestyle. As part of this commitment we have an Occupational Health and Safety Unit and the facilities of UEL's Sports Dock to aid in the delivery of this commitment. We will treat sickness absence as sympathetically as possible and will provide professional advice where necessary. It is the responsibility of every staff member to ensure that they do everything reasonable to maintain their own health to ensure that their attendance record is of the highest standard. UEL's goal is to reduce sickness absence to a minimum.

1.2 We wish to ensure that the reasons for sickness absence are understood in each case and investigated where necessary, to help staff members achieve and maintain satisfactory attendance levels. This Code aims to create a positive framework within which sickness absence is managed fairly and consistently in a way which meets UEL's operational needs.

1.3 Managing sickness absence is important to us because we need healthy staff members who are able to contribute to their full potential and come to work regularly. In addition all our managers need to support staff with sickness absence so that they can return to their full duties, with appropriate support, as soon as is reasonably possible.

1.4 Sickness absence has significant costs, in terms of sick pay, additional staff time covering for absent colleagues and for managers dealing with related

matters, lower performance levels, lower customer satisfaction and increased pressure and stress on other colleagues.

1.5 This Code applies to all employees at UEL. The Code does not form part of any employee's contract of employment and may be amended at any time after appropriate consultation and negotiation with our recognised Trade Unions. We may also vary the procedures set out in this Code, including any time limits, as appropriate in any case, but we will always act consistently and fairly in the sense that we will deal with similar circumstances/cases in a broadly similar fashion, where reasonably appropriate.

1.6 A 'sickness absence' can vary from short intermittent periods of ill-health to a continuous period of long-term absence of 15 working days or more and have a number of different causes, for example, injuries, recurring conditions/disabilities or a serious illness requiring lengthy treatment). If the injury/illness is work-related (physical or psychological), the staff member must complete an Accident/Incident Report Form (available on the Occupational Health website).

1.7 The aim of the Code is to:

- promote the health and wellbeing of our staff;
- provide a framework for maximising attendance levels of our staff members;
- ensure that managers and staff clearly understand their roles and responsibilities;
- ensure that there is fair and consistent treatment of all staff members.

Promoting Good Health and Safety

1.8 We recognise that health promotion can play an important part in preventing or reducing sickness absence. This means we are committed to:

- Encouraging healthy eating, including healthy options in our catering facilities;
- Providing an occupational health service to promote healthier lifestyles and advice about such topics as smoking cessation, healthy diet, safe alcohol limits, coronary risk factors and stress management. The Occupational

Health and Safety Unit also provide a programme of health and safety training for staff on topics, such as manual handling and workstation ergonomics. We also provide first aid training for designated First Aiders;

- Providing access to sports and recreational facilities to encourage fitness. Staff are encouraged to sign up for paid membership of the excellent facilities of Sports Dock via a salary sacrifice scheme and to participate in UEL's extensive programme of sports and fitness sessions, with free 'taster' sessions available.

Prospective staff and new staff

1.9 As part of our commitment to health and our obligations under the Equality Act 2010 ("**Act**"), successful job applicants are required to complete health questionnaires. These are designed to identify any issues which may affect their appointment and to identify any reasonable adjustments required under the Act.

1.10 Our induction programme includes health and safety advice and information.

1.11 All staff will receive appropriate health and safety training to help them perform their work safely.

Current staff

1.12 Members of staff who are absent due to ill-health are entitled to receive sick pay in accordance with the appropriate UEL scheme, subject to compliance with this Code and the terms of his or her contract of employment. Copies of the sick pay scheme are available from HR Services' website – 'Conditions of service'.

1.13 A failure to comply with the Code may lead to disciplinary action, which will be dealt with separately under UEL's Staff Disciplinary Procedure and separate procedures relating to sickness absence and dismissal apply to Senior Postholders, as set out in UEL's Articles of Government. Accordingly, Stage 2 of the sickness absence meetings procedure set out below does not apply to Senior Postholders.

Domestic pressures

1.15 In some cases, sickness absence may occur when a staff member with a sick dependent (e.g. a child, or a close elderly relative) feels obliged to be absent from work to look after them. In other cases, a staff member may telephone in sick to deal with a domestic crisis or some other personal matter. Rather than do that, staff should instead discuss the matter with their line manager and a variety of alternative supportive arrangements will be considered and discussed with the member of staff, including:

- Paid or unpaid leave for domestic emergencies;
- Paid or unpaid compassionate leave;
- Unpaid parental leave;
- Annual leave;
- Ways of making up lost working time for short term absences (e.g. different start and finish times with shorter lunch breaks for a limited period only);
- Move to part-time working, however, this will only be considered as a last resort after all other available options have been explored.
- Every reasonable effort will be made to enable staff to take time off to deal with domestic pressures/emergencies. Please refer to our Flexible Employment Policy for further information regarding available options for dealing with such situations.
- When a staff member telephones to report absence due to a domestic situation, line managers should only seek information about the situation that is necessary. Line managers will treat any information they are given with the utmost discretion and will apply any support mechanisms consistently as far as possible.

SECTION TWO: REPORTING SICKNESS ABSENCE

2.1 Staff members must keep their line manager promptly and regularly informed of any absence due to illness or injury. The sickness absence reporting procedure is set out in Appendix B.

2.2 Guidance on medical or dental appointments is set out in Appendix A.

Monitoring absences

2.3 Deans of School, Directors of Service and the Vice-Chancellor (in the case of Members of the Vice-Chancellor's Group) are required to ensure, through their line managers:

(a) that full records are kept - and reported in a timely way - of sickness absences for all their members of staff;

(b) that sickness levels are monitored on a monthly basis; and

(c) that any persistent or high levels of absence are properly managed, by following this Code of Practice.

2.4 The Procedure will comply with all data protection legislation **and** the Access to Medical Reports Act 1988.

SECTION THREE:MANAGING SICKNESS ABSENCE

3.1 If a staff member has persistent or high levels of sickness absence, the flow chart set out in Appendix C outlines the stages involved in managing such absence.

3.2 When a line manager is monitoring an individual member of staff's sickness absence record, attention should be paid to any patterns of absence which give cause for concern. These may include one or more of the following:

(a) Persistent short-term absence during a 12-month period:

- when the staff member has three separate sickness absences of more than one day; or
- he or she is absent for more than seven working days due to sickness absence; or
- if the staff member has a Bradford Factor score of 150 within a 12-month period (a Bradford Factor score = $A^2 \times D$ (where A is the number of absences and D is the number of days within a 12 months period); and/or

(b) Absences recurring on particular days of the week

(such as Mondays or Fridays); and/or

(c) Longer-term absences

e.g. continuous absence expected to be or approaching 15 working days, or longer; and/or

(d) A high long-term sickness absence record

A member of staff may be taken directly to Stage 2 if they have previously been on a monitoring period (within the last 18 months) where their attendance improved, but then there are further concerns over their sickness absence without evidence of any underlying medical condition. This will only be done after the OHA/OHP has examined the staff member and issued a report on their findings and recommendations and the Director of HR Services (or nominee) has been consulted. This 18 month monitoring period will always be made explicitly clear to members of staff at the final meeting that takes place whenever a Stage One monitoring period ends successfully, i.e. when the staff member's attendance improves and no further action is taken/necessary.

(e) Work-related factors

The Dean of School/Director Of Service should also monitor any trends in his or her school/service by reviewing absence reports on a monthly basis and take appropriate action where there may be cause for concern.

Line managers also need to consider whether there are other factors involved when reviewing an individual member of staff's sickness absence record. For example, if sickness levels indicate a number of staff in the same area have high absences, their working environment, working conditions and arrangements for work may need to be reviewed, to seek to improve attendance levels. If the line manager has concerns about such patterns, he or she should discuss the matter with the Dean of School/Director of Service concerned, in liaison with the Occupational Health & Safety Unit (OHSU) so that the problem(s) can be further investigated and an action plan developed to address it/them.

3.3 When managers need to take action

The trigger points below are intended as a guide for management action, which may be taken at an earlier point where other abnormal patterns have been detected or persistent sickness absence occurs over the last 18 months. If a line manager wishes to take action against a staff member who has not yet reached any of the trigger points, they must have first had at least one return-to-work interview with them where they outlined their concerns. In addition, the line manager must have also consulted the OHA and the Director of HR Services (or nominee) outlining the reasons why they wish to go to Stage One/Two. This mechanism should ensure that all staff are treated fairly and consistently and avoid any concerns of favouritism or discrimination

Equally these trigger points are not intended to be treated mechanistically and rigidly adhered to in all cases. Line managers should always consider the specific circumstances and reasons for a staff member's absence record before deciding whether it is either necessary or appropriate to proceed to Stage One or Two (below), having consulted the Director of HR Services (or nominee). This may also involve the line manager discussing the matter with the staff member. Particular regard will be paid to anyone who has a disability (see Stage One, below). A staff member who is recovering from an injury or has had a 'one-off' case of flu or a similar illness in the past few years or a serious medical condition and whose medical prognosis is such that he or she is expected to return to work and make a full recovery in the near future would normally not have a Stage 2 hearing. In contrast, a staff member with a level of high sickness absence and no underlying medical condition or the date of whose return to work is uncertain would normally have a Stage 2 hearing to consider his or her dismissal from UEL's employment (where ill-health retirement is not possible).

It is important that action is taken as early as possible once a high level of absence or pattern of absence has been identified.

Trigger point	Evidence of sickness absence in a 12-month period	Action (as appropriate)
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<p>First</p>	<p>Third incidence (of more than one day);and/or</p> <p>more than 7 working days absence; and/or Bradford Factor score of 150; and/or</p> <p>High sickness absence in the last 18 months</p>	<p>Line manager discusses the absence with the staff member and is satisfied that no further action is needed at present; and/or</p> <p>Line manager consults the Director of HR Services (or nominee) about the absence and is satisfied that no further action is needed at present; and/or</p> <p>Line manager is already aware of the reasons for the absence and is satisfied that no further action is needed at present.</p> <p>Line Manager is concerned about the staff member's absence record and arranges a Stage One Formal meeting to discuss the high level of sickness absence and to agree the required improvement and monitoring period. The staff member may be referred to Occupational Health, where appropriate.</p> <p>A follow-up meeting may be necessary to review the staff member's progress.</p>
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Second	Fifth incidence (of more than one day) or Bradford score of 250 or above or a previous high sickness absence record	Where appropriate, Stage Two – hearing to consider the staff member’s dismissal from UEL’s employment.
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3.4 In the case of extended sickness absence, the line manager may, on the advice of HR Services require the staff member to be referred to the OHA/OHP for a medical assessment at any stage during the staff member’s sickness absence. In addition, as persistent short-term absences can also have an underlying medical cause, a line manager may also refer someone with such absence patterns to OH in order to discover if there is an underlying medical condition and, if there is one, the likelihood of further absences resulting from it and what adjustments could be made to minimise further absences. It is recognised that some staff may have anxieties about such a referral and may be in a vulnerable emotional state as a result of their ill-health. The line manager needs to treat staff sensitively in these circumstances. The line manager, in consultation with HR Services, should take into account the Advisor/Physician’s advice and take appropriate action.

3.5 **Pregnancy-Related Sickness Absence** – In accordance with the Equality Act 2010, a staff member cannot be dismissed, treated unfairly or discriminated against for any reason connected to her pregnancy or maternity and, any records for absence attributable to pregnancy will be kept separately from sickness absence: a woman attending regular ante-natal appointments will not hit a trigger point in the same way as a staff member with regular sickness absence.

Absence for pregnancy-related sickness will not be taken into account in terms of initiating any stages in this Code that may lead to action being taken against the staff member. Pregnancy-related sickness absence will not be taken into consideration with regard to the trigger points above, nor will it count towards the staff member’s sickness record. However, appropriate support will be given to the staff member.

If a staff member is absent from work due to pregnancy-related illness at any time after the beginning of the fourth week before her expected week of childbirth, her maternity leave will automatically start regardless of the staff member's notified date of intention to start maternity leave.

Where a pregnant employee is absent due to an illness or injury unrelated to her pregnancy, her absence will be recorded and managed in the usual way. (Please refer to our Maternity Policy for further information).

3.6 Work-related illness/injury - UEL is committed to protecting the health and safety of its staff whilst they are at work as far as is reasonably possible. Please see section 3.2 (e) above.

All cases of work-related injury which lead to absence will be referred to Occupational Health for advice. Examples of the types of work-related illness/injury include:

- Injury (physical or psychological) caused by an accident/incident at work, provided the accident/incident was officially reported (via a UEL Incident Report) soon after the time it occurred. This includes acts of violence against staff, provided they took place at work.
- Illness due to an infectious or contagious disease that evidence suggests was contracted at work.
- Illness caused by work-related stress. UEL recognises that, amongst other things, excessive demands being placed on a staff member can sometimes lead to work-related stress, which in turn make the staff member ill. We also accept that we have a responsibility to identify and reduce the causes of work-related stress at UEL. (Please refer to our Stress Management Policy for further information).

UEL is committed to supporting staff who sustain/acquire a work-related injury or illness so that they can return to work as soon as possible after a period of absence. This support may include, for example, specialist advice and guidance from OH or confidential counselling in cases of mental ill-health or where a staff member is traumatised due to violent or aggressive behaviour experienced at work. Only as a last resort will a staff member be dismissed from UEL's employment because of a work-related injury, provided there had been no contributory negligence on his or her part.

3.7 Sickness absence interviews and meetings procedure under Stage One

3.7.1 UEL may apply this procedure whenever it considers it necessary, including, for example, if the staff member:

- Has been absent due to illness on a number of occasions;
- Has discussed matters at a return to work interview that require investigation; and/or
- Has a high level of sickness absence (see above).

UEL is committed to helping members of staff return to work from long-term sickness absence. As part of the sickness absence interviews and meetings procedure set out below, we will, where appropriate and possible, support returns to work by:

- Obtaining medical advice;
- Making reasonable adjustments to the workplace, working practices and working hours and to any arrangements which have the effect of treating a disabled member of staff unfavourably.
- Considering redeployment; and/or
- Agreeing a return to work programme with everyone affected.

If the staff member is unable to return to work in the longer term, UEL will consider whether - as an alternative to dismissal - the staff member may qualify for early retirement on grounds of ill-health under the terms of their membership of TPS, LGPS or UEL's Retirement and Savings Plan.

3.7.2 Return-to-work interviews

Where a staff member has been absent on sick leave for more than seven calendar days a return-to-work interview is to be arranged with the staff member's line manager. Return-to-work interviews may also be arranged for

absences of less than seven days where the line manager considers it appropriate (for example, where the staff member has a relatively high sickness absence record and/or is getting close to reaching one or more of the trigger points, or the reason for their absence may be linked to or impact on their work).

The purpose of the return-to-work interview is to confirm the details of the staff member's absence and the interview should be as supportive as possible. At each return-to-work interview the line manager will inform the member of staff of their current Bradford Factor Score, how many days absence due to sickness they have had in the past 12 months and how many instances of absence. The interview also gives the staff member the opportunity to raise any concerns or questions they may have, and to bring any relevant matters to the attention of their line manager. It is also a good opportunity for the line manager to explore whether frequent short-term absences may have an underlying, long-term medical cause or if they are linked to some other problem at work that can be resolved with appropriate support, e.g. stress or bullying.

Where the staff member's doctor has provided a certificate stating that the staff member "may be fit for work with adjustments", the return-to-work interview will discuss any additional measures that may be needed to facilitate the staff member's return to work, taking account of the doctor's advice.

3.7.3 Stage One Formal Meeting

Where a line manager has concerns about a staff member's sickness absence record for reasons outlined above in clauses 3.2 and 3.3 - and provided they have already had at least one return-to-work interview with the staff member - the staff member may be called to attend a formal meeting at Stage One of this procedure. The staff member will be given seven calendar days' written notice of the date, time and place of the meeting. The manager will put any concerns about the staff member's sickness absence and the basis for those concerns in writing or otherwise advise why the meeting is being called.

The meeting will normally be conducted by the staff member's line manager. The staff member may bring a friend with them to the meeting (see 'Right to be accompanied' section below).

The staff member must take all reasonable steps to attend it. Failure to do so without good reason may be treated as misconduct. If the staff member or their friend are unable to attend at the time specified the staff member should immediately inform their line manager who will seek to agree an alternative time.

The meeting may be adjourned if the line manager is awaiting receipt of information, needs to gather any further information or give consideration to matters discussed at a previous meeting. The staff member will be given five working days to consider any new information obtained before the meeting is reconvened.

Confirmation of any decision made at meeting and the reasons for it will be given to the staff member in writing within 10 working days, unless this time scale is not practicable, in which case it will be provided as soon as is practicable.

If, at any time, the line manager considers that the staff member has taken or is taking sickness absence when they are not unwell, they may refer matters to be dealt with under UEL's Staff Disciplinary Procedures. In order to do this, however, the line manager must have evidence for doing so and have consulted the OHA and the Director of HR Services (or nominee).

3.7.4 Right to be accompanied

- The staff member may bring a Friend to any meeting or appeal meeting under this procedure.
- The Friend may be either a trade union representative or a fellow employee. Their identity must be confirmed to the person conducting the meeting, normally in good time before it takes place.
- Employees are allowed reasonable time off from duties without loss of pay to act as a companion, however, they are not obliged to act as a Friend and may decline a request if they so wish.
- A Friend will not be allowed, where he or she has a conflict of interest. It would be for the line manager to identify a conflict of interest and to ask the staff member to choose another Friend.
- A Friend may make representations, ask questions, and sum up the staff member's position, but will not be allowed to answer questions on behalf of the staff member. The staff member may confer privately with their Friend at any time during a meeting.

3.7.5 **What is discussed during the meeting?**

- Ensuring that the staff member has the appropriate sickness certification, although this may not be relevant if sickness absence is persistent short-term;
- Discussing the reasons for absence. The staff member should be encouraged sympathetically to explain any problems he or she may have (which may be in regard to their personal life and be non-work related). Particular attention will be paid to patterns of absence. All factors will be taken into consideration, including the staff member's history of sickness absence whilst employed at UEL. A consistently low record of sickness absence in the last 18 months will be taken into consideration when deciding whether any further action is necessary. Personal or domestic problems can affect attendance and the line manager may be able to offer support and guidance, including professional support, to help them overcome their problem and return to regular attendance.
- Where the staff member is on long-term sickness absence (i.e. a single absence of 15 or more working days), determining how long the absence is likely to last.
- Where the staff member has been absent on a number of occasions, determining the likelihood of further absences.
- Considering whether medical advice is required. If the line manager is concerned that the staff member has a high level of sickness absence, and/or that he or she may have a health problem which may affect their future attendance at work, the line manager should contact HR Services to arrange for the staff member to be referred to HR Services' Occupational Health Adviser ("OHA")/Occupational Health Physician ("OHP") for a report on whether the staff member is fit to perform their work as set out in their job description.
- Considering what, if any, measures that either UEL or the staff member could take that might improve the staff member's health and/or attendance.
- Agreeing a way forward, action that will be taken and a time-scale for review (a monitoring period) and/or a further meeting(s) under the procedure.

3.7.6 **Referral to an Occupational Health Advisor/Physician**

1. If the staff member is referred to an OHA/OHP, they are required to co-operate in being interviewed and assessed by the OHA/OHP. The OHA/OHP may also consult the staff member's G.P or consultant to determine his or her

fitness for work. If the staff member's GP or consultant is contacted, the staff member has the right under the Access to Medical Reports Act to request to see the medical report to query items in it and to ask the GP to amend the report if the staff member believes that it is factually incorrect or misleading before it is submitted to the OHA/OHP. Staff will be informed of these rights by the OHA/OHP following the initial consultation and will be given a consent form for authorisation. Medical reports can only be requested with the written authorisation of the staff member.

2. Recommendations from the OHA/OHP will be sent to the line manager and the HR Manager concerned, for them to discuss and agree appropriate steps in each case. For OHP reports, prior written consent to release the report will be sought from the member of staff. Where consent is refused, the OHP will withhold the report and inform the manager and HR Services of this refusal, in which case the line manager and the HR manager will be entitled to act without the benefit of medical advice.

3. The line manager will then arrange a follow-up meeting to discuss the report with the staff member. In cases where the staff member disputes the recommendations of the OHA, the OHA would arrange for the OHP to review the case and produce a final report.

4. Fit for work - if the OHA/OHP, acting on medical advice declares that the staff member is fit to perform their work as set out in their job description, the line manager will expect him or her to attend for work on a regular basis in accordance with medical advice. The line manager will inform the staff member in writing that his or her attendance will, depending on the circumstances, be monitored for a period varying from two months to six months, but it may be extended further if the line manager, in consultation with HR Services, decides it is necessary. The letter to the staff member will state the monitoring period and also mention that either during or at the end of that period, the line manager may, having taken all the circumstances into account, proceed to Stage 2 of the procedure.

5. Fit for work with adjustments - the OHA/OHP, acting on medical advice, may suggest how the staff member might be helped to return to full fitness in a reasonable timescale by a variety of supportive measures, e.g. the staff member to work on a part-time basis initially, or varying starting and finishing times, or assigning the staff member lighter duties for a short timeframe. It will be for the

manager concerned (in discussion with HR Services) to decide how to implement the advice as appropriate in discussion with the staff member.

6. Disability – Where the OH report confirms that the staff member has a disability as defined by the Equality Act 2010 (if this has not already been established by the health questionnaire new staff are required to complete), it should also suggest whether there are any reasonable adjustments that could be made to accommodate the staff member’s disability which would enable him or her to remain in or return to work and achieve a satisfactory level of attendance in the longer term. It will be a matter for the line manager, acting on the advice of HR Services and through discussion with the staff member concerned, to decide how any reasonable adjustments will be implemented (please refer to our Disability Employment Policy for more information on our duty to make reasonable adjustments).

UEL is committed to retaining staff who are, or who become, disabled in their current role wherever possible, or to finding a suitable alternative role, if available and providing retraining where necessary and we are legally obliged to ensure that we do not treat a disabled member of staff unfavourably because of something that results from their disability. For these reasons, once it has been established that a member of staff has a disability, all disability-related medical appointments and absences will be recorded separately from sickness absence. Disability-related appointments would include absence for treatment, assessment or rehabilitation (please see appendix A on Medical Appointments). UEL is not required by law to automatically disregard sickness absence related to disability but will consider whether this would constitute an appropriate reasonable adjustment on a case-by-case base. The Director of HR Services (or nominee) will advise the managers concerned on the matter, with the aim of ensuring in particular that disability aspects of the Code are followed appropriately, taking into account the advice of the OHA/OHP.

7. Unfit for work - If a staff member is declared unfit to perform their work as set out in their job description by the OHA/OHP acting on medical advice, the line manager and HR Services concerned will investigate the possibility of re-deploying the staff member and/or of him or her taking early retirement on the grounds of ill-health under the terms of their membership of TPS, LGPS or UEL’s Retirement and Savings Plan.

8. Staff Overtime and sickness. Please see Appendix D in relation to overtime.

3.7.7 **Second Formal Meeting at Stage One**

Depending on the matters discussed at the First Formal Meeting at Stage One and any subsequent follow-up meetings that have taken place, for example, to discuss a OH report, and considering whether the staff member's attendance over any agreed monitoring period has improved to a satisfactory level agreed at these meetings) a further formal meeting at Stage One may be necessary. Arrangements for that second meeting will follow the procedure set out above on the arrangements for and right to be accompanied at sickness absence meetings.

The purposes of a further meeting at Stage One may include:

- Discussing the reasons for and impact of the staff member's ongoing absence(s).
- Where the staff member is on long-term sickness absence, discussing how long the absence is likely to last.
- Where the staff member has been absent on a number of occasions, discussing the likelihood of further absences.
- If it has not been obtained, considering whether medical advice is required. If it has been obtained, considering the advice that has been given and whether further advice is required.
- Considering the staff member's ability to return to/remain in their current role as set out in their job description in view both of the staff member's capabilities and UEL's needs and any further reasonable adjustments that can reasonably be made to the staff member's job to enable the staff member to do so.
- Considering possible redeployment opportunities and whether any adjustments can reasonably be made to a suitable alternative role at UEL to assist in redeploying the staff member including alternative roles that would require the staff member to undertake retraining. Redeployment opportunities will be considered only where there is a reasonable expectation that the staff member will be able to undertake satisfactorily the duties of the redeployed role in the light of his or her medical condition.
- Where the staff member is able to return from long-term sick leave, whether to the staff member's current role or a redeployed role, agreeing a return to work programme.
- If it is considered that the staff member is unlikely to be able to return to work from long-term absence, either to their current role or to another role

with or without reasonable adjustments being made, whether - as an alternative to dismissal - there are any benefits for which the staff member could be considered. This would include early retirement on the grounds of ill-health under the terms of their membership of TPS, LGPS or UEL's Retirement and Savings Plan.

- Agreeing a way forward, action that will be taken and a time-scale for review (a monitoring period) and/or a further meeting(s). This may, depending on steps already taken, include warning the staff member that they are at risk of dismissal. It will be made clear to the staff member that, depending on steps already taken, this will be their final monitoring period at Stage One. They will be warned that failure to reach the required standard of attendance, agreed either at this meeting or after the OH referral process is completed, may result in proceeding to Stage 2 and their possible dismissal.

If the staff member is referred to an OHA/OHP, paragraphs 1 to 8 under clause 3.7.6 will apply).

Please see Appendix D in relation to overtime and Appendix F in relation to Sickness during Annual Leave.)

3.7.8 Stage Two Formal Meeting - Dismissal on grounds of ill-health hearing

If the staff member does not reach the required standard of attendance either during or at the end of their final monitoring period at Stage One or has chronic ill-health, he or she will be asked to attend a Stage Two meeting. This meeting may result in the staff member's dismissal.

Arrangements for meetings under Stage Two of the sickness absence procedure will follow the procedure set out above on the arrangements for and right to be accompanied at sickness absence meetings, save that the meeting will normally be conducted by the staff member's Dean of School or Director of Service ("**Chair**").

The purpose of the meeting will be:

- To review all the previous meetings that have taken place and matters discussed with the staff member.
- Where the staff member remains on long-term sickness absence, to

consider whether there have been any substantive changes since the Second Stage One Formal Meeting, either as regards the staff member's possible return to work in his or her current role or to available possible redeployment opportunities, i.e. whether any new roles have become available at UEL which, with or without reasonable adjustments being made to it/them, may be a suitable redeployment opportunity for the staff member, including roles where retraining may be necessary.

- To consider any further matters that the staff member wishes to raise.
- To consider whether there is a reasonable likelihood of the staff member returning to work or achieving the desired level of attendance in a reasonable time.
- To consider the possible termination of the staff member's employment.

If there have been no substantive changes since the Second Stage One Formal Meeting (as outlined above) and the staff member remains unlikely to be able to remain in/return to any role at UEL and/or maintain the required level of attendance, the staff member's line manager will present evidence for dismissal to the Chair. This will include, where relevant, a recent report from the OHA or OHP, any reasonable adjustments that have been implemented, the redeployment options considered, and the service reasons for not being able to continue the staff member's employment. The staff member and his or her representative will be able to make representation to the Chair.

The dismissal hearing will be conducted in accordance with the procedure set out in Appendix E

If the Chair determines that the evidence presented supports the dismissal of the staff member, the staff member will be given notice of his/her dismissal from UEL's employment or notified that they will be paid in lieu of notice. The staff member will be advised clearly in writing of the reasons for their dismissal. In cases where the staff member has a disability as defined by the Equality Act 2010, the Chair must be satisfied that all possible reasonable adjustments - including opportunities for redeployment - have been explored and implemented, where possible, and that the staff member has been treated fairly before deciding that dismissal is the only remaining option.

The staff member may appeal against their dismissal. Appeals will be dealt with in accordance with the Staff Appeal Policy which can be found on the HR Services' website.

Approved by the Employment Committee in May 2013

Appendix A

MEDICAL OR DENTAL APPOINTMENTS

- 1.** Members of staff should make every effort to arrange routine doctor, hospital or dentist appointments outside of normal working hours. Where this is not possible, they should be made at the beginning or end of the staff member's normal working time; in such circumstances a staff member will normally not be asked to make the time up, unless he or she has had more than three appointments in the previous 12 months during working hours, in which case he or she will be asked to do so. All medical and dental appointments during a staff member's normal working hours will be recorded as sick leave if the absence is more than three hours, unless the staff member's Dean/Director (or nominee) agrees that the time can be made up.
- 2.** Once it has been confirmed by OH that a member of staff has a disability, any future medical appointments related to their disability (for example, for treatment, assessment or rehabilitation) will be recorded separately as a disability-related appointment and will normally not be counted as a sickness absence. Staff with disabilities are required, nevertheless to make every effort to arrange appointments outside of normal working hours and, where this is not possible, they should be made at the beginning or end of the staff member's normal working day. However, disabled staff members will normally not be asked to make up time for disability-related appointments.
- 3.** Please refer to UEL's Maternity Policy and above regarding ante-natal appointments. Ante-natal appointments will not be recorded as sickness absence.

Appendix B

REPORTING SICKNESS ABSENCE

In reporting sickness absence or injury, the following reporting procedures shall

apply:

1. If a member of staff is taken ill or injured while at work they should report it to their line manager and be given permission to leave work. If the illness/injury is work-related (physical or psychological), the staff member must complete an Accident/Incident Report Form (available on the Occupational Health website). Line managers should inform the record keeper of his or her school or service of the absence and make arrangements for anyone who is unwell to be accompanied home and to receive medical treatment where necessary. If a staff member works for half his or her working day and then leaves work due to sickness, only the other half of the day will be recorded as sickness absence.

2. If a member of staff cannot attend work through illness or injury, on the **first day** of absence through illness or injury, the staff member's line manager should be notified as soon as possible and no later than an hour after the staff member normally starts work of the reason for absence by the staff member **personally by telephone (text messages are not acceptable)**. Only in cases of acute illness or injury should a relative or friend telephone if the staff member is not able to do so themselves. The following details should be provided:

- The nature of the illness or injury and, where relevant, whether the sickness/illness is related/due to a disability or pregnancy);
- The expected length of absence from work;
- Contact details; and
- Any outstanding or urgent work that requires attention.

3. The line manager should inform the record keeper for his or her school or service of the absence. The record keeper will record the staff member's absence on the Absence Return, clearly flagging, where relevant, whether the absence is due to a work-related injury, disability or is pregnancy-related, so that it can be recorded separately and send it to the Payroll team in HR Services on a monthly basis. The Dean of School or Director of Service will inform staff members who this record keeper is. The line manager should also, where necessary, make arrangements to cover work and to inform colleagues (while maintaining confidentiality).

- 4.** Members of staff should expect to be contacted during their absence by their line manager who will want to enquire after their health and be advised, if possible, as to their expected return date. Contact from line managers will be kept to a minimum and will only be during normal working hours. If the staff member is absent for four calendar days, he or she should telephone his or her line manager again on the 4th calendar day (or next working day following a weekend, bank holiday or a UEL closure day), to inform him or her of their progress.
- 5.** If a member of staff has been absent for a period due to sickness or injury lasting between **one to seven calendar days**, he or she should notify his or her manager promptly of their return.
- 6.** The staff member returning from sickness absence of up to seven days should also complete a Self-Reporting Form. They should clearly state on the form, if relevant, whether their absence was work-related injury, disability or pregnancy-related.
- 7.** If a staff member is absent for **more than 7 calendar days**, he or she will be required to provide an NHS registered doctor's certificate. This should be forwarded to the member of staff's line manager as soon as possible. If the member of staff's absence continues, further doctor's certificates must be provided to cover the whole period of absence. These will be sent to HR Services with the monthly Absence Returns, via the record keeper. The member of staff will also be required to complete a Self Reporting Form on their return to work.
- 8.** If a member of staff is issued with a certificate stating that they "may be fit for work" they should inform their line manager immediately. The line manager will discuss with the member of staff any additional measures that may be needed to facilitate their return to work, taking account of the doctor's advice. This may take place either by telephone or at a return to work interview. If appropriate measures cannot be taken, the member of staff will remain on sick leave and the line manager will set a date to review the situation.
- 9.** If a staff member is absent for a lengthy period of time, he or she must keep his or her line manager regularly informed of their progress by telephone at least once a fortnight and send doctors' certificates to the line manager who should forward them to HR Services, via the record keeper with the monthly Absence Return. Line managers should ensure that staff on sick leave are not

pressurised to return to work prematurely. Staff should also not return to work before they are fit to do so. Where appropriate, on the advice of doctors' certificates and HR Services (in consultation with the Occupational Health Advisor/Occupational Health Physician), line managers should agree a phased return to work with the staff member.

10. Where the line manager is concerned about the reason for absence, or frequent short-term absence, UEL may require a medical certificate for each absence regardless of duration. In such circumstances, UEL will cover any costs incurred in obtaining such medical certificates, for absences of a week or less, on production of a doctor's invoice.

11. Confirmation of the date of return to work must be given to the line manager by the staff member by telephone at least one day prior to the end of the doctor's certificate. A 'statement of fitness for work' note from the GP may be required for absences over 7 calendar days where a sickness certificate from a GP has not been provided by the staff member.

Returning to work too early

Sometimes, and for various reasons, rather than stay at home and report sickness absence, some staff may instead attend work when they are not fit to do so. This can contribute to a longer recovery period. It may also be putting their colleagues (especially pregnant colleagues) at risk, particularly if they have a contagious disease. UEL affirms that we only want our staff to come to work when they are fit to do so. In order to avoid colleagues working when they are unfit the following guidance shall apply:

The line manager may feel that a staff member who has come to work is clearly not fit to be at work and carry out the full range of their duties, and that staying at work would only risk worsening their condition, and/or put other staff at risk (in the case of contagious diseases or infections) and/or lengthen the recovery period. Under these circumstances the line manager should explain this to the staff member and ask them to go home and not return to work until they are fit to do so. Line managers may wish to contact an OHP/OHA for advice in these circumstances. This first morning will not count towards the staff member's sickness absence record and the fact that the line manager asked the staff

member to go home will be noted on their record.

Appendix C

Managing Sickness Absence Procedures Flow Chart

- Sickness absence reported (see Appendix B)
- Return to work interview after seven days' sickness absence (or earlier where line manager feels one is necessary)
- Line manager monitors staff member's sickness absence history/record. A trigger point is reached and the line manager decides what action is appropriate (see 3.3).



STAGE 1: First Stage One Formal Meeting

- Trigger point reached (or line manager feels meeting is needed)
- Agree a plan to improve sickness absence record
- Possible referral to OHA/OHP for assessment

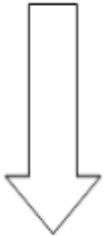
- Informal follow-up meeting(s) where necessary (e.g. to discuss OH report).
- Appropriate support provided (e.g. reasonable adjustments implemented where necessary).
- Line manager monitors subsequent sickness absence record to assess whether there is a satisfactory improvement.



STAGE 1: Second Stage One Formal Meeting

- There has not been a satisfactory improvement in sickness absence record
- Assess whether any further support could help and discuss other options, e.g. redeployment
- Made clear to staff member that without any improvement they are at risk of dismissal

- Informal follow-up meetings where necessary
- Further support provided
- Line manager monitors subsequent sickness absence record to assess whether there is a satisfactory improvement



STAGE 2: Formal meeting to consider dismissal of staff member because the above stages have not succeeded, i.e. sickness absence record has not improved satisfactorily/staff member has chronic ill-health

Appendix D

STAFF OVERTIME

In the case of a staff member normally required to undertake paid overtime, his or her line manager may decide that, as the commitment to overtime may be affecting the employee's health, no overtime opportunities will be provided until the line manager is satisfied that that the health problem has been overcome.

Appendix E

CONDUCT OF DISMISSAL ON GROUNDS OF ILL-HEALTH HEARING

The Chair will explain the status of the hearing and procedure to be followed.: The matters set out in Section 3.7.8 will be discussed to ascertain whether there have been any substantive changes to the situation since the second Stage One Formal meeting, i.e. whether the staff member is likely to be able to return to their current role and whether there are any further possible redeployment opportunities have arisen. If there have been no substantive changes to the situation since the second Stage One Formal Meeting (s) the line manager will then put forward the case for the staff member's dismissal and call witnesses as to the facts.

- The staff member and/or their Friend will have the opportunity to question the statements made and any of the witnesses.
- The Chair/Panel will have the opportunity to ask questions.
- The staff member and/or their Friend will put his or her case and call witnesses.
- The line manager will have the opportunity to question the statements made and any of the witnesses.
- The Chair/Panel may ask questions.
- Both sides shall have the opportunity to sum up their case.
- Both parties and witnesses shall withdraw. Both parties may be recalled if clarification on any points is required.
- The Chair/Panel shall make their decision.
- The Chair will notify both parties of the decision and the reasons for it in writing, normally within five working days.

Appendix F

SICKNESS DURING ANNUAL LEAVE

If a member of staff falls ill or is injured during a period of annual leave, they should follow the normal sickness absence reporting procedure and report their illness or injury from day one. In these circumstances they will also be required to supply a GP's certificate to cover the period of sickness absence (staff will not be allowed to self-certify in such instances). Subject to satisfactory medical

certificates being received, the staff member will be deemed to have been on sickness absence rather than annual leave and will have their annual leave entitlement reinstated. This can be carried over to the next leave year if it is not possible to take it during the current leave year.
