

Temporary Covid 19 related policy changes

The University has reviewed its Code of Practice for the Management of Sickness Absence to reflect the advice provided by the Government about Covid-19 and the University's changes to its working arrangements.

The Code remains unchanged in most of its content, however, the following adjustments and/or additions are made to it to provide guidance and advice to managers and staff.

Certification: This is addressed at 2.2 of the Code. We recognise that during the pandemic, employees may not be able to access their usual GP services in the same way or as easily as before the pandemic started. As a result we also recognise that there may be some in delay in employees being able to provide GP Fit Notes for sickness absences over 8 calendar days (for sickness reasons not related to self-isolation), in this instance, employees are required to update their line managers regularly about their absence and provide the Fit Note as soon as reasonably practical. If an employee is not able to obtain a Fit Note because of their GP's changed working arrangements, a referral to OH may be considered so that the employee can be best supported.

Self-Isolation & Shielding

Isolation Notes: For those who are self-isolating in accordance with Government regulations because they either:

- have symptoms of Coronavirus
- live with someone who has symptoms of Coronavirus
- have been told to self-isolate by test and trace

should provide their line manager with an on-line 'Isolation Note' that can be obtained through the NHS website: <https://111.nhs.uk/isolation-note/>

Shielding: People who are clinically extremely vulnerable are at high risk of getting seriously ill from coronavirus (COVID-19) and they should have received a letter advising them to shield or have been told to shield by their GP or hospital clinician. Employees who fall within this category are asked to provide a copy of any correspondence that they have received about this to their line manager. No

further certification will be required. Employees who have been verbally advised by their medical practitioner to shield and have not been provided with any written advice may be referred to Occupational Health so that they can be best supported at this time.

Employees who are self-isolating or shielding in accordance with Government regulations will have their absence recorded as 'Other Authorised Absence' rather than Sick Leave and will continue to receive full pay.

Absence for self-isolating and shielding 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, nor will it be taken into consideration with regard to the trigger points or count towards the staff member's sickness record. However, appropriate support will be given to the staff member.

Managing Sickness Absence: Section 3 of the Code refers to how sickness absence should be managed through a series of informal and formal meeting processes. During the pandemic, it is not expected that staff working remotely would physically attend any meetings in relation to (non-Covid-19) sickness absences, instead arrangements should be made for these meetings to take place virtually through video-calls using Teams or if that is not available through telephone conversations. For those staff who are working on campus, it may be possible to continue to hold physical meetings in the workplace as long as it is possible for all parties to follow the current guidance on social distancing. If this is not possible, those meeting should take place virtually too.

Occupational Health Referrals & Appointments: Occupational Health, (OH), Referrals and Appointments is referred to at section 3.10.1 of the Code. Referrals to OH continue to be made in the same way, however, OH appointments will be undertaken via either video call (Teams) or telephone call.

Introduction

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.
2. 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.
3. This Code applies to all employees at UEL. It does not apply to consultants, agency staff or other workers employed on a contract for service basis. There are also separate procedures relating to sickness absence and dismissal which apply to Senior Post holders, 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 Post holders.
4. The Code does not form part of any staff member'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.

Principles of Managing Sickness Absence

5. 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.
6. 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.
7. 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.

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8. 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:
 - that full records are kept - and reported in a timely way - of sickness absences for all their members of staff;
 - that sickness levels are monitored on a monthly basis; and
 - that any persistent or high levels of absence are properly managed, by following this Code of Practice. All managers have primary responsibility for managing the attendance of their staff.
9. All staff members have the right to be accompanied at formal review meetings and appeals by a work colleague or trade union representative (friend).
10. 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/or the withholding of sick pay.

Pregnancy related sickness absence

11. 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 antenatal appointments will not hit a trigger point in the same way as a staff member with regular sickness absence.
12. 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.
13. 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.
14. Where a pregnant staff member is absent due to an illness or injury unrelated to her pregnancy, her absence will be recorded and managed in the usual way. (Please see Maternity Policy for further information)

Disability related sickness absence

15. All sickness absence will be recorded in the same way as all other absences. An employer is obliged to consider reasonable adjustments for a staff member who may fall under the disability provision of the Equality Act 2010. UEL will consider reasonable adjustments for those with disability related absences.

Medical or Dental Appointments

16. 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 they have had more than three appointments in the previous 12 months during working hours, in which case they 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 of School/Director (or nominee) agrees that the time can be made up.
17. 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.

Sickness during Annual Leave

18. 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 or a fit note 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.

Medical Suspension

19. In exceptional circumstances employees may be medically suspended from duty on full-pay on medical grounds when there is a health and safety risk. For example, an employee who is pregnant, or has recently given birth, or who is breast-feeding may have to be suspended from work on maternity grounds if continued attendance might damage her, or the baby's health.
20. A Dean of School or Director after consultation with HR Services has the authority to carry out the suspension.

Procedure

Reporting Sickness Absence

21. Staff members must keep their line manager promptly and regularly informed of any absence due to illness or injury. If a member of staff cannot attend work on the first day of absence 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 below should be provided. If it is not possible to contact your line manager then a message should be left with another member of staff.
 - 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
 - Any outstanding or urgent work that requires attention.
 - If the employee has made an appointment with their GP
22. Members of staff who are absent due to sickness absence are entitled to receive sick pay in accordance with the appropriate UEL scheme, subject to compliance with this Code and the terms of their contract of employment. Copies of the sick pay scheme are available from HR Services' website – 'Conditions of service'.

Return to Work

23. On returning to work the line manager should ensure the employee completes the self-reporting form.
24. If a staff member is absent for more than 7 calendar days, they will be required to provide an NHS registered doctor's certificate or a fit note. 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 School or Service record keeper.
25. The line manager should also hold a return to work interview when a staff member has been on sickness absence for more than 7 calendar days. 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. (Please see appendix A for return to work interview form).

Managing Sickness Absence

Identifying Potential Problems

26. When a line manager has concerns over a staff member's health or sickness absence, they should discuss the matter initially with the HR Business Partner for the School or Service. The following are patterns of absences which may give rise to concerns. It is for line managers to decide on the appropriate course of action after considering the specific circumstances of the staff member's absence. It may not be appropriate or necessary to proceed to an informal review in all cases.
 - when the staff member has three separate sickness absences of more than one day; or
 - they are absent for more than seven working days due to sickness absence; or
 - Absences recurring on particular days of the week (such as Mondays or Fridays);
 - Longer-term absences e.g. continuous absence expected to be or is at least 15 working days, or longer

Short-term Sickness Absence

Informal Review

27. Where concerns are identified over frequent short term sickness absence, the manager should hold an informal review meeting with the employee in order to:

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- provide a complete and accurate record of absences
 - confirm that the level of sickness absence is causing concern and outline the impact on UEL work that poor attendance is having
 - give the employee an opportunity to identify any underlying cause for the absence and if so make a referral to occupational health if appropriate
28. There is no right to have a TU representative or colleague present at informal meetings. If an underlying medical condition is identified, the line manager should make a management referral to Occupational Health and a follow up meeting arranged with the employee to discuss the Occupational Health report.
29. If the employee's attendance has improved no further action needs to be taken. If the absence has not improved significantly then this may proceed to Stage One Formal Meeting.

Short-term Sickness Absence - Stage One Formal Review

30. Where a line manager has concerns about a staff member's sickness absence record for reasons outlined above and there has been no improvement during the informal review the staff member will be invited to a meeting under Stage One of this procedure. The staff member will be given 7 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.
31. The meeting will be conducted by the staff member's line manager. The staff member may bring a friend with them to the meeting.
32. The staff member must take all reasonable steps to attend the review. If the staff member or their trade union representative or work colleague 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 within 5 days of the original meeting.
33. Purpose of meeting is to:
- provide a complete and accurate record of absences

- confirm that the level of sickness absence is causing concern and outline the impact on UEL work that poor attendance is having
 - give the staff member an opportunity to identify any underlying cause for the absence
 - consider OH referral if not referred during informal stage
 - put on 3 month monitoring period if appropriate
 - make clear that any further absences may lead to a 2nd formal review
34. If the staff member's attendance has improved to an acceptable level at the end of the stage 1 formal review period, the manager should give the individual positive feedback in a one to one meeting, following this up in writing with a confirmation that no further action will be taken. If there are any subsequent concerns over sickness absence within the next 18 months then this may proceed directly to stage 2 sickness review.

Short-term sickness absence Stage Two – Formal Sickness Review

35. The line manager is responsible for formally inviting the staff member in writing to attend the formal review meeting if there has been no satisfactory improvement in attendance since the stage 1 review. The letter should outline the purpose of the meeting, provide an up to date full record of the sickness absences in question and offer the staff member the opportunity to be accompanied by a work colleague or trade union representative. An HR Business Partner should also attend.
36. During the meeting the manager should:
- Take the staff member through their sickness absence record
 - Review the staff members attendance and outline the continuing impact this has on their work area and colleagues
 - consider any further medical advice received and any reasonable adjustments or other recommendations made
 - give the staff member an opportunity to state their case
 - after consideration of all advice and if failed to achieve satisfactory reduction in absence, and if manager feels is appropriate – set a further review period of 3 months within which the employee will be supported to reduce their level of sickness absence
 - Make it clear that if the level of sickness absence does not improve within the period this may lead to a Final Sickness Absence Review where consideration will be given to dismissal. Where a staff member has been placed on two monitoring periods and attendance still has not improved to a

satisfactory level, the matter may proceed to a Final Sickness Absence review. Please see section 45 to 51.

37. If the staff members' attendance has improved to an acceptable level at the end of the stage 2 formal review period, the manager should give the individual positive feedback in a one to one meeting, following this up in writing with a confirmation that no further action will be taken. If there are any subsequent concerns over sickness absence within the next 18 months then this may proceed directly to a Final Sickness Absence review.

Long-Term Sickness Absence

38. Long-term sickness absence is defined as absence for 15 days or more. Although this procedure divides the sickness absence into two categories, it should be noted that short-term absences can become long-term. There may be occasions therefore, where it may be necessary to manage sickness absence using either the short-term procedure or the long-term procedure or a combination of the two.

Contact during absence

39. A key part of the process in managing a person on long-term sickness absence is to ensure that regular contact with the employee is maintained. The purpose of this on-going contact is to consider what support, if any, can be provided to assist the recovery and return to work, such as referral to occupational health as well as to ensure that the employee is kept updated on any developments in the workplace. It is expected that there should be contact at regular intervals, but these intervals may vary depending on the nature of the illness and to the individual circumstances of staff who are absent from work.
40. When a manager has concerns about a period of long term sickness absence or a staff member's long-term health condition, or when absence exceeds 1 month then the manager should make a referral to Occupational Health if not already done, to receive medical advice on the nature of the employee's illness, the potential length of the absence and any longer-term impact of their condition and support should be put in place that will help them prepare for their return. If an employee is not able to attend an OH appointment, a home visit could be arranged.

Long-term Sickness Absence - Stage 1 - Formal Review

41. Once the medical advice from Occupational Health has been received the line manager should arrange a formal meeting. The line manager is responsible for formally inviting the staff member in writing to attend

a formal review meeting. The letter should outline the purpose of the meeting, provide an up to date full record of the sickness absences in question and offer the employee the opportunity to be accompanied by a work colleague or trade union representative.

42. The line manager will outline the level of sickness absence that has led to the meeting and will review the circumstances of the case and the actions taken to date. The medical advice received from OH should be discussed with the employee. There are a number of possible outcomes which may arise from a medical referral as follows:
- Return to work – the staff member is fit to return to their present job either immediately or in the very near future
 - Adjustments to duties or hours of work - Occupational Health advises that the individual unfit for some of their duties but recommends a return to lighter/alternative duties either temporarily or permanently
 - Re-deployment – the staff member is not fit to return to their current job but could work in another job that will accommodate their health problem
 - Re-referral to Occupational Health - the staff member is not fit to return to work but it is too early to make a recommendation about when they will be and a further referral is required after a specified period of time.
43. The line manager should write to the staff member confirming the discussion and the next steps. It may be necessary to hold further formal reviews to discuss progress depending on the advice received from Occupational Health as above.
44. Where the medical advice (via Occupational Health report, GP fitness to work statement or any other appropriate medical report) indicates that there is not a likely chance of recovery or a return to work date within a reasonable time frame on review by the Dean of School or Director (or nominee), then a formal meeting should be arranged to consider if termination on the grounds of capability for chronic ill-health should be made. Alternatively eligible employees may be able to apply for early retirement on the grounds of ill-health under the terms of their membership of TPS, LGPS or UEL's Retirement and Savings Plan.

Final Sickness Absence Review

45. If the staff member does not reach the required standard of attendance either during the short-term sickness absence procedure or has chronic ill-health, they will be asked to attend a Final Sickness Absence Review meeting. This meeting may result in the staff member's dismissal.
46. The hearing will be chaired by the Dean of School or Director of Service who will be responsible formally inviting the employee in writing to attend the formal review meeting. The letter should outline the purpose of the meeting which will be to consider whether the contract should be terminated on the grounds of sickness absence, or capability, provide an up to date full record of the sickness absences in question and offer the employee the opportunity to be accompanied by a work colleague or trade union representative. An HR Business Partner should also attend.
47. The purpose of the Final Sickness Absence Review meeting will be:
- review the employee's sickness absence record
 - the employee's attendance and outline the impact this has on their work area and colleagues
 - a summary of the medical advice received and any reasonable adjustments or other recommendations made which were considered.
 - 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 Stage One Formal Meeting, either as regards the staff member's possible return to work in their current role or if available possible redeployment opportunities, if appropriate, 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.
48. 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, record of sickness absence, 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.

49. The staff member and their representative will be able to make representation to the Chair.
50. If the Chair determines that the evidence presented supports the dismissal of the staff member, the staff member will be given notice of their 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 appropriate option.
51. 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.

Referral to Occupational Health

52. If a staff member is referred to OH they are required to co-operate in being interviewed and assessed by the OHA/OHP. The assessment is confidential. Details of the health concern and the discussion between the Occupational Health Adviser/Physician and the staff member will not be disclosed to the referring manager and the HR Business Partner concerned without the specific consent of the staff member. However, staff members are encouraged to share relevant information about their health with referring managers to enable them to consider appropriate support. Where consent is refused, the OHA/OHP will withhold the report and inform the manager and HR Services of this refusal, in which case the line manager and the HR Business Partner will be entitled to act without the benefit of medical advice.
53. The OHA/OHP may also consult the staff member's G.P or consultant to determine their 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.

Appendix

Appendix A: [Return to Work Form](#)