

 <b>Kingston GP Chambers</b> Kingston Training Hub    Clinical Services Practice Support Services    Kingston Education Centre	<b>Sickness Absence Policy and Procedure</b>		<b>Reviewed</b>	<b>Jan 2025</b>
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## Sickness Absence Policy & Procedure

Kingston GP Chambers (KGPC) recognises the pivotal contribution that its employees make to ensuring that a high quality, timely, cost effective and safe service is delivered to the people of Kingston.

It further recognises that employees wish to make a consistent contribution to the work KGPC, but that, from time to time, will themselves become ill and be unable to work.

Because their contribution is so vital, and because the benefit of work is recognised, it is essential that the organisation has in place a comprehensive and effective policy that lays out the responsibilities of the organisation to provide a healthy working environment, to support the employee when ill and to facilitate their timely return to work. In return, the employee must take responsibility for the maintenance of their health with a view to minimizing the time they spend away from work through sickness.

### **This policy aims to promote the following objectives:**

- The provision of high quality services to patients, and a high quality of working life for its employees recognising the need to create an environment that enables everyone to contribute fully through regular attendance at work.
- To ensure that all parties work together to facilitate a return to work as soon as possible following a period of sickness.
- To ensure that in all cases of employee ill-health, there will be a progressive and thorough review of the employee's circumstances, taking into account the need to maintain a service to the public, support to individuals and to comply with all employment and equality legislation.
- The right of all employees subject to this sickness and absence procedure to be treated fairly and equally and with dignity and respect.
- A proactive, consistent and fair approach to managing sickness absence. To be effective it should be read in conjunction with the other relevant organisational policies and procedures.
- Agreed and accepted procedures to facilitate the appropriate management of long and short term illnesses.
- The utilisation of Occupational Health services, to support a timely return to good health, and ultimately back to work.
- The full and proper consideration of any reasonable adjustments that will enable an employee to attend regularly and/or return to work.

Whilst the policy aims to ensure that every effort is made to support, wherever possible, the return to good health and the resumption of work, there will be occasions, however, where this proves impossible, and when the termination of employment remains the only practicable course of action.

### **Definitions of Sickness Absence:**

This policy seeks to address the appropriate process relating to the management of sickness and sickness related absence. The policy identifies a number of patterns of sickness absence detailed below. The policy relates to all of these areas.

#### Short Term Sickness Absence

Short term absence is regarded as any period lasting less than 28 calendar days.

#### Long Term Sickness Absence

Long term absence is regarded as any continuous period of 28 calendar days or longer.

#### Planned Sickness Absence

This includes health problems that require an operation or treatment programme which may have a recognised period of expected recovery or duration.

#### 'A Sickness Day'

An employee is considered as having taken a sickness day when, because of their illness, they have been unable to undertake their daily hours of work/shift. Where an employee has carried out more than half their daily hours of work/shift but is unable to complete the day/shift because of illness, this day will not count as a sickness day as far as sick pay is concerned. It should, however, be recorded and may be taken into account when considering any accumulated pattern of sickness.

#### Rolling Year

A "rolling year" means that when an episode of sickness occurs, the manager should review the twelve month period preceding that specific absence.

#### Medical Suspension

When an employee is deemed unfit to work by their manager due to reasons of ill-health, the manager has the right to enforce a short period of absence for no longer than 7 days in which time the member of staff must seek advice from their GP regarding their fitness to work. Managers should ensure that a risk assessment is completed before medical suspension is agreed, considering alternative options to the medical suspension. The manager should seek advice from the HR Manager. Appropriate medical advice will be sought from Occupational Health. This absence will be counted as suspension from duty with pay for medical reasons. Where KGPC can demonstrate that the employee has refused a reasonable offer of alternative employment as an alternative to medical suspension, the employee will not receive pay for the period of medical suspension. Where the employee's GP's advice conflicts with that of Occupational Health, KGPC will rely on its Occupational Health Advisor's advice following discussions between the GP and Occupational Health.

#### **Confidentiality**

Confidentiality will be retained at all times by all parties except where overridden by legal responsibilities.

#### **Occupational Health**

The assigned Occupational Health Advisor for KGPC is Dr Anthony Hughes. Dr Hughes is also KGPC's Chairman, and therefore, it may not always be appropriate for him to provide occupational health advice regarding KGPC's employees, particularly in cases where there may be a conflict of interest (e.g. where occupational health advice is required as part of an employee dispute). Where independent occupational health advice is required, KGPC will outsource this role. An independent occupational health professional with appropriate expertise will be identified via the Society of Occupational Medicine, who hold a directory of such professionals.

## Responsibilities

The successful management of sickness absence relies on all parties understanding and performing their role and meeting their responsibilities. It also relies on all parties closely observing the rules of confidentiality as it relates to employee sickness. The following identifies the key responsibilities that are essential for supporting the process:

### The Employee

- To maximise their attendance in line with their contract of employment and the organisation's policies.
- To follow KGPC's policy and any local procedures in respect of notifying and certifying their sickness absence, including the timely submission of self-certificates and fit notes.
- To attend occupational health appointments and sickness absence meetings when requested to do so by their manager. It is essential that employees understand that they must attend these meetings if asked to do so. Wherever possible, appointments will take account of the employee's normal working patterns. Failure to attend two occupational health appointments without good reason will mean that decisions are made on the basis of the information available, which may be detrimental to the interests of the employee.
- To be responsible for their own health and welfare and to acknowledge that this policy is not for use when employees are unable to attend work through illness of dependants/family members.
- To ensure that any medical advice and treatment is received and actioned as quickly as possible in order to facilitate a return to work.
- To facilitate their recovery and desist from participating in any activity that may delay or undermine their recuperation.

If an employee is employed in any other capacity in the organisation or elsewhere, they must obtain the written permission of their manager before continuing with that employment. Any such employment must be therapeutically beneficial to the employee. The manager may consider whether equivalent benefit may be gained from returning to work in an appropriately modified post within KGPC for a temporary period.

Where an employee undertakes other work without the prior written consent of the manager, they may be considered in breach of contract and will be subject to disciplinary action which may result in the involvement of the counter fraud department and/or dismissal. Such action will only be taken following advice from the Workforce development lead.

- To maintain contact with their line manager regularly during their period of absence.
- To raise concerns with their line manager, trade union representative, or the Workforce development lead if they believe that their job or work environment may be having a detrimental effect or contributing to their illness in any way. If appropriate, advice should be sought from Occupational Health and the Workforce development lead.
- To work with the manager and Occupational Health Department and where relevant, trade union representative, to facilitate a return to work as soon as possible following a period of sickness.

If an employee is in receipt of any benefit payments from any external agencies, at the same time as the payment for annual leave is made, it is the employee's responsibility to notify the relevant benefit agency of the additional payment(s).

### Managers:

It is the responsibility of all managers to:

- Ensure that the impact of absence on patient care and services is minimised.
- Ensure that the sickness absence policy and procedure is applied fairly and consistently and in a way that promotes dignity and respect and to ensure their employees acknowledge and understand that this policy is not for use if they are unable to attend work through the illness of dependants/family members.
- Ensure that good communication is maintained at all times in the management of individual and departmental sickness cases and levels.
- Work with the employee, Occupational Health Advisor or relevant support agency and the trade union representative, to facilitate a return to work as soon as possible following a period of sickness.
- Fully consider and implement any reasonable adjustments to support employees in regularly attending for work and/or facilitating a return to work after a period of sickness.
- Ensure that all employees understand their roles and responsibilities in line with this policy. Such knowledge will be imparted through initial induction and ongoing training.
- Ensure any local notification arrangements are agreed and communicated to all employees in their department as part of their induction and via regular departmental communication.
- Keep accurate records and monitor attendance for all their employees, undertaking analysis that would highlight any underlying trends, causes and reasons that may be influencing sickness levels.
- Ensure that self certificates and fit notes are received and retained covering appropriate periods of absences.
- Ensure that all instances of non-attendance are recorded appropriately.
- Ensure appropriate contact occurs with all employees on sick leave on a regular basis.
- Ensure that the employee is given the right to be accompanied by a trade union representative/work colleague, at any formal meetings held under the policy and not to unreasonably withhold permission to be accompanied at informal discussions when requested by the employee.
- Maintain their levels of competence in the management of sickness absence and in the application of the Policy.
- Ensure that employees are made aware of the range of support and assistance that is available to them at times of ill health.

#### Role of the Occupational Health Department Advisor

It is the role of the Occupational Health Advisor to:

- Provide confidential support and guidance to employees regarding their health and fitness for work.
- Signpost employees to the full range of services available for support and assistance.
- Provide written advice to managers regarding the impact of the employee's illness on their fitness to work.
- Provide advice to managers on any reasonable adjustments to the workplace or an employee's job that may support them in attending regularly for work and/or returning to work after a period of sickness.
- Provide advice on rehabilitation and how employment may be matched to employee capability following illness. This may include assessment of the workplace.
- Access advice and support for the employee from other professionals, as the need arises and with the agreement of the employee.
- Work with the employee and manager and where relevant, the trade union representative, to facilitate a return to work as soon as possible following a period of sickness.

#### Role of the Workforce development lead

It is the role of the Workforce development lead to:

- Provide specialist advice and support on managing sickness absence
- Work with managers to achieve consistent application of the policy and fair and acceptable outcomes, including monitoring trends, causes and reasons.

- Support the management of sickness through the provision of data. 5.6.5 Attend the formal stages of the sickness absence procedure, as appropriate.
- Advise employees of help and support available to them.
- To provide advice on sick-pay, pensions, industrial injuries and injury allowance. To administer the processes involved with the above entitlements.

## **Record Keeping**

### Sickness Absence records:

Successful sickness management is reliant on having and maintaining consistent and accurate records. The major benefits of accurate records are to identify patterns of sickness and to trigger appropriate management intervention, for example, highlighting a recurring health problem that could be addressed quickly through accessing support services. The following records must be included:

- A record of absence including notification details
- Records of any occasions when the employee was not recorded as sick for payment purposes but could not complete their shift due to illness
- Records of communication during sickness absence
- Records of other unplanned absences
- Back to work Interviews
- Informal and formal meeting notes
- Self-certificates and fit notes for appropriate absences
- Occupational Health referrals
- Occupational Health reports
- Any reasonable adjustments considered and/or implemented for disabled employees
- All other relevant correspondence e.g. incident reports if accident at work

## **Notification and Certification of Sickness Absence**

Wherever there is reference to the number of days throughout this policy this means calendar days whether or not the employee would be expected to work on that day.

### First Day of Sickness

It is the responsibility of the employee to report their sickness absence preferably by telephone (or by text phone for employees with a hearing impairment) to their manager or designated deputy as soon as they become aware that they will not be able to attend work. Where an employee is displaying symptoms of an infectious condition (see Appendix B), this will need to be reported as a sickness absence, with a view to minimising possible transmission to colleagues'. Early notification is particularly important when alternative cover needs to be arranged. This will normally be no later than the normal time of commencement of duty. Employees are not expected to work in any capacity if they are feeling unwell and would be required to record that day as a sickness absence.

The employee should state the reason for the absence (confirming whether or not the absence is due to a work related incident/injury) and the likely date of return to work.

The individual should notify their manager themselves as above when they are unable to attend work due to sickness. Where in exceptional circumstances, this is not practicable possible, a third party may notify on their behalf. However it is the employee's responsibility to ensure that this is done appropriately in accordance with KGPC's requirements for notification. Where the manager is unable to take the call personally he/she will ring the employee back as soon as is practicable. The absence will also be recorded on the HR system. Where this is not possible due to incapacitation, the Workforce development lead will record the absence indicating an estimated return to work date.

For any period of sickness absence between 1–7 calendar days an employee must complete a [self-certification form](#) unless already certified by a Fit note or hospital certificate. This should be completed on return to work. Failure to complete the self-certification form could result in loss of sick pay, as could failure to comply with the procedure for notification.

### Maintaining Contact

The employee and his/her manager must communicate regularly to discuss his/her progress during the sickness absence, in order to ensure that any necessary additional support and/or expert advice can be sought that may aid rehabilitation and an early return to full health. The frequency of contact will be mutually agreed at the beginning of the absence period and depend on the likely duration of the absence.

### Eighth Day of Sickness

If the period of absence continues beyond 7 calendar days, the employee must produce a fit note (medical certificate) for every day of absence thereafter. A fit note should normally be received by the manager no more than 3 calendar days after it becomes due. Sickness absence not covered by a self certificate or a fit note will be treated as unauthorised absence for which no payment will be made.

### Hospital Certificates

When an employee is hospitalised, the hospital will provide certificates confirming that the employee is expected to be an inpatient for a certain period of time. Such certificates should be submitted to the manager in the normal way. Employees are not required to provide additional self certificates or fit notes from their GP when they are covered by a hospital certificate.

### Medical exclusion following infectious/notifiable disease

Where the absence is the result of diarrhoea and vomiting or other relevant notifiable infectious disease and whilst the employee is suffering from the effects of the disease, the absence will be recorded as a period of sickness in the usual way. The manager must obtain information regarding the nature of the illness and obtain advice, if necessary, as to whether a period of further exclusion is required after the symptoms have subsided and sick leave has ended. Where the advice requires the employee, for purposes of infection control to remain off work, this subsequent period will be regarded as a medical exclusion with pay, and not be recorded as sick leave.

### **Entitlement to Sick Pay**

Under the provisions of this policy there may be an entitlement to occupational sick pay. This is set out in the schedule of main terms & conditions of services issued to all employees on commencement of their employment. This does not automatically allow employees to remain in the employment of the organisation until the occupational sick pay is exhausted.

Sick pay is not normally payable for an absence caused by an accident due to active participation in sport as a profession or where contributory negligence is proved.

### Sickness during Annual Leave

When an employee falls sick during annual leave they will be required to report that illness in line with normal notification procedures and produce a fit note covering the period from the first day of sickness. In order to allow annual leave to be reinstated, a satisfactory fit note must be received within 3 working days of the beginning of the illness (unless abroad). In such cases the employee will be deemed to have been on sickness absence rather than annual leave from the date of the certificate.

Only in exceptional cases will a foreign medical certificate of more than one month be accepted for payment purposes. A UK fit note should be obtained on return to the country.

### Holidays during a period of Sickness Absence

All employees are expected to take their annual leave entitlement during the leave year and should not normally carry over annual leave.

Where staff are returning from long term sickness absence they should be expected to take any outstanding leave within the current leave year. This should be managed carefully taking account of the needs of the service and the practicalities of them being able to use up all of their entitlement in that leave year.

Employees on long term sick leave must, therefore, be given the opportunity to take annual leave during their sick leave period.

Where the employee has not taken their annual leave entitlement during the period of sickness absence, and where an employee's sickness absence spans two or more leave years, they will accrue annual leave for the period of their sick leave and can be asked to take all of their accrued, but untaken annual leave, by the end of the leave year in which they return. The leave entitlement for the previous year/years will be the statutory element of their leave.

Where an employee returns to work in a new leave year after a period of long term sickness absence, they are entitled to carry over any outstanding leave from the minimum statutory element of their leave. This entitlement will be pro rata for part time staff.

Any annual leave accrued at the time of the return to work may also be taken, by agreement with the manager, to allow the employee a more gradual return to work.

### **Accidents Involving a Third Party**

In cases where employees are absent from work as a result of an injury sustained wholly or partly as a result of the actions of a third party against whom the employee has made a claim, any payments made to the employee by the organisation will be recoverable.

The employee must notify the fact that they are making a claim to their manager at the commencement of the absence, or as soon as practicable. The manager should notify the payroll department of this fact. Where an employee is unable to notify his/her manager personally because of, for example, serious injury, notification maybe undertaken by another party.

### **Overtime / Bank Working**

Where the manager feels that continuing to work overtime or bank working, in addition to their contractual hours, may be contributing to an employee's sickness absence, managers can restrict employees from undertaking additional work/shifts following sickness.

When an employee has a period of long term sickness, advice from the occupational health advisor should be sought regarding restricting employees from undertaking additional work/shifts for a temporary period following sickness. This is to support the employee to regain their full health capacity.

### **Pregnancy Related Illness**

Where an illness is attributable to pregnancy, sickness absence will not be counted towards the trigger of the management of sickness absence. However, any such sickness will be managed in accordance with the sickness policy to facilitate a return to work as soon as possible with any necessary support or adjustment to duties during the pregnancy.

As required, under the management of Health and Safety at Work Regulations 1999, written risk assessments should be undertaken regularly throughout the pregnancy. Guidance can be obtained through KGPC's maternity policy, and through the HSE publications on New and Expectant Mothers at Work, which can be accessed online.

A referral to the occupational health service for medical advice and support may be required.

If an employee is on sick leave due to pregnancy related illness on or after the fourth week before the expected week of confinement, their ordinary maternity leave will commence the day after their first completed day of sickness absence.

Where a pregnant employee suffers from non-pregnancy related sickness absence, these absences will count towards the management of sickness absence as usual.

### **Disability Related Illness**

Where an absence is clearly attributable to a disability as defined in the Equality Act( 2010), KGPC has a responsibility to comply with the requirements of the Act.

### **Returning to Work**

Employees must inform their manager on the first day that they regard themselves as being fit for duty whether or not they are due to work that day. This is important and will ensure that both their sickness records and their remaining entitlement to sick pay provision are accurate.

To ensure overall sickness rates are accurate, managers must also ensure that employees are recorded as fit for work on the first day the employee reports as being fit for work, even if the employee is not due to work that day i.e. weekends or non rostered day. The absence should also be closed down on the HR system.

On every occasion of sickness absence, the employee should be seen promptly on their return by their manager preferably face to face, however this can be done virtually and in private, to discuss, sensitively and confidentially, the reason for the absence.

The return to work discussion provides an opportunity for the manager to establish that the employee is fully recovered and if there are any aspects of the sickness absence, which may require support or guidance from the manager.

The return to work discussion also provides the manager with the opportunity to brief the employee on work related matters that may have occurred during their absence. The discussion should capture all the key points highlighted in the Return to Work form, which should be forwarded to the Workforce development lead once completed.

The employee may express concerns that suggest difficulties at work. If the matter is health related, the employee should be encouraged to seek medical attention, particularly if the problem recurs from time to time. Where difficulties are arising as a consequence of home circumstances, the employee should be signposted to the appropriate services for support.

It may be appropriate, depending on the nature of the issue, to refer the employee to an Occupational Health Advisor, or with the employee's consent to another appropriate service or to consider and implement any reasonable adjustments that will enable an employee to attend regularly for work and/or return to work.

Managers should make employees aware that support or advice may be available through trade union representatives if required.

A return to work form must be completed at the conclusion of the discussion, and signed by both the manager and employee (see Appendix A). The form will be retained on the employee's personal file in line with organisational policy.



## **Attending medical and dental appointments**

KGPC recognises that employees will need to make occasional visits to a dentist, GP or other health professional or may be required to attend a hospital or clinic for investigation and/or treatment. Wherever it is possible to do so, employees (both full and part time) must endeavour to arrange such appointments at a time that they are not scheduled to work or, if this is not possible, as near to the beginning or end of the working period as possible so as to minimise the absence from work and disruption to the service.

Staff should not be refused permission to attend a pre-arranged appointment as long as reasonable notice has been given. The manager must keep a record of any such appointments and must ask to see documentary confirmation of the appointment where this is available. Where staff need to attend routine health or dental care appointments during work time they will be required to make up the time taken at the earliest opportunity. Employees must discuss and agree with their manager how this will be achieved. The following are options that can be agreed:

- Arriving earlier or leaving later on the day of the appointment
- A temporary increase in hours over a short period
- Unpaid leave
- Annual leave
- Time in lieu
- Any other arrangement agreed with the manager.

Where a medical appointment involves treatment which results in an employee being unfit for work afterwards, the period of absence will be recorded as sick leave.

Where the appointments form part of an ongoing treatment programme for a serious health condition, or are related to a disability or long term health condition, or are for a work related disease or injury, the manager must discuss such appointments with the employee to plan any necessary support to be offered.

In some circumstances staff will be given a reasonable amount of paid time off to attend such appointments as part of their programme of care and support.

## **Occupational Health Assessment**

In addition to the normal medical care provided by their dentist, GP or other health professionals an employee may be required to attend an assessment by an Occupational Health Advisor when asked to do so. Time taken to attend such appointments will not be required to be worked back.

Other sources of medical advice will be arranged as necessary by the Occupational Health Advisor. A manager can refer an employee to the Occupational Health Advisor at any stage of this policy.

Where sickness absence can be attributed to the employee's work, the employee may be referred to Occupational Health for advice and support. The employee will be notified of the referral.

Information provided to the Occupational Health Advisor may include:

- The attendance record of the employee
- The content and outcome of the Informal Discussion and previous sickness interviews
- What opportunity has been given to improve
- The needs of the service and work difficulties created by the absence
- What alternative action has been considered

Referral may need to be repeated on more than one occasion during an employee's sickness absences. The Occupational Health consultation is confidential and subject to the conditions of the

Data Protection and Medical Records Acts. Medical details will not be shared with the manager without the prior consent of the employee, except where legal requirements override this.

Following the consultation, a written report will be prepared, the contents of which will be discussed with the employee prior to the report being sent to the manager. A copy of the report will be given to the employee for their records. The report may include advice on:

- The fitness or otherwise of the individual to return to work
- Whether there are any underlying causes for persistent absence and, if so, if there is any action that can be taken to improve this
- When the individual is likely to return to work
- The nature and scope of any reasonable adjustments that would enable a disabled employee to attend regularly and/or return to work
- Details of a plan for a return to work, including, in some cases, advice on;
  - o Any necessary rehabilitation or other reasonable adjustments required to facilitate a return to work.
  - o Whether there is scope for redeployment.
  - o The possibility of partial or restricted duties being carried out where acceptable and practicable.

### Self-Referral

Employees have a right to self-refer to the Occupational Health Advisor at any time. Under these circumstances, a report will not normally be sent to the manager unless the employee specifically requests this or unless legal or professional/ regulatory requirements override this.

### Obtaining further Independent Specialist Advice

The Occupational Health Advisor and the employee's GP may discuss matters relating to the employee's fitness to work, particularly in cases of long term sickness.

In the unusual event of there being irreconcilable differences of opinion, the Occupational Health Advisor would with the employees consent seek further, independent advice from an accredited Occupational Health Specialist.

The manager will take all available medical advice into account when deciding the appropriate course of action.

## **Rights of Accompaniment**

### Informal Discussions

The purpose of the informal discussion is to enable the manager and employee to explore informally and sensitively the reasons behind the individual's pattern of absence and to agree any measures necessary to assist the individual in improving their attendance at work. As such, it is not considered necessary for the individual to be accompanied. If, however, the individual requests to be accompanied by an official of a recognised trade union or staff organisation or by a workplace colleague, the manager should not unreasonably refuse this request.

### Formal Interviews

Employees who have been asked to attend a formal interview relating to their sickness under this policy will have the right to be accompanied by an official of a recognised trade union or staff organisation or a work colleague, if they so wish. In certain circumstances employees will be able to request in advance a manager/supervisor of the same gender to carry out interviews under the procedure and this will be respected wherever it is practicable.

## **Procedure for Management of Frequent Sickness Absence**

The key purpose of the procedure is to support the employee in maintaining an appropriate level of attendance at work. In order to achieve this outcome, an individualised approach to

improvement will be taken, in consultation with the employee, and, where appropriate, their trade union representative.

At any stage of the procedure the individual or their manager may request the involvement of the Workforce development lead or Occupational Health Advisor. Due consideration will be given to any medical advice received that can assist the employee in improving their attendance at work.

Managers are required to actively manage where an employee has demonstrated a pattern or frequency of absence, which gives rise to concern both for the employee's well being and the effect on provision of service. A sickness period may either be short term or long term but all should be taken into account when considering the most effective course of action.

In all cases, the manager must instigate an informal discussion where there are:

- Three episodes of sickness absence of any length in any rolling six month period or
- Four episodes of any length in any rolling twelve month period or
- Two or more absences totalling 10 calendar days in a rolling 12 month period or
- Recognisable patterns of absence, including any in previous years, which cause concern but may not meet other triggers.

A period of absence is a 'sickness day' or a sequence of days off due to sickness. In all cases, the manager should keep a record of the discussion.

### **Attendance at informal discussions and subsequent formal meetings**

Employees must attend informal discussions and formal sickness interviews as requested by their manager. If the date of the discussion is unacceptable to the employee, notification of an alternative date will be given within the next 7 calendar days to allow the employee to arrange to be accompanied should they require.

Where there is an unavoidable reason why the employee cannot attend a sickness review meeting, then their manager will arrange one alternative appointment taking into account the reason for the inability to attend.

It is important that the employee understands the importance of attending these meetings. If they fail to attend the rearranged meeting without good reason, the manager may hold the meeting in their absence and make a decision about the situation based on the evidence they have at hand which may result in further action being instigated under the policy.

### Format of informal discussion and formal interviews

The informal discussion and formal interviews are an opportunity for the manager and employee to explore the circumstances of the employee's sickness absence. The discussions will be handled with sensitivity and in confidence and are an important opportunity for the employee to raise any matters which they feel may be causing or exacerbating their sickness either work related or not.

The nature of the discussion should be supportive of the employee and is not disciplinary in nature although it is important that the manager explains to the employee that the level of sickness is causing concern both in terms of the wellbeing of the employee and the effect his/her absence is having on the service.

An outline of the content of informal discussions or formal interviews will be confirmed in writing by the manager to the employee. A copy will be placed on the employee's personal file.

When one or more of the absences are related to:

- An industrial injury, incident or accident at work, which has been reported to the manager at the time it occurred and where an incident report has been completed or

- A serious condition acquired at work and which has been notified to the manager and the Occupational Health Department

These periods of absence should normally be discounted when considering further action under the procedure for the management of frequent sickness absence

#### Informal Discussion

Where one or more of the absence duration/frequency triggers set out are breached, the manager must instigate an informal discussion.

It will be necessary to inform the employee that they will be placed on the informal discussion stage of the policy for 12 months effective from the last day of the last episode and that if they have further sickness which breaches a trigger within that 12 month period, they will be asked to attend a First Formal sickness review.

#### First Formal Sickness Interview

Where one or more of the triggers are breached whilst on the 12 month informal discussion stage, a first formal sickness interview will be convened by the manager (having first sought advice from the Workforce development lead).

The meeting should conclude with the employee being notified as follows:

- That there has been a failure to meet the required level of improvement despite a previous discussion (i.e. the trigger has been breached).
- That the need for the employee's work to be done is paramount and the difficulty caused by such a level of sickness must be addressed.
- That they will be escalated and placed on the first formal stage of the policy for a period of 12 months effective from the last day of the last episode of sickness.
- That, where appropriate, reasonable adjustments or other support in line with Occupational Health advice will be introduced and reviewed over an agreed period of time.
- That where one or more of the triggers are breached whilst on the 12 month first formal stage, a second formal sickness interview will be convened by the manager.
- That where the trigger is breached again, it will lead to progression through the procedure, and could ultimately result in dismissal.

#### Second Formal Sickness Interview

Where one or more of the sickness duration/frequency triggers are breached whilst on the 12 month first formal stage of the policy, a second formal sickness interview will be convened by the manager.

The second formal interview will follow the same format and take into account the same points as the first formal interview and the informal discussion.

The meeting should conclude with the employee being notified:

- That they will be escalated and placed on the second formal stage of the policy for a period of 12 months effective from the last day of the last episode of sickness.
- That further breaches of the triggers will lead to progression through the procedure and could ultimately lead to termination of employment. N.B Periods for which 12 month reviews are active may be paused if an employee is absent from work for an extended length of time in excess of 28 days, to cover the length of the absence where sickness absence cannot be monitored.

#### Third/Final Formal Sickness Interview

Where one or more of the sickness duration/frequency triggers are breached whilst on the 12 month second formal stage, a third and final formal sickness interview will be convened by the manager.

The service of an employee may be terminated when frequent or continued absence affects the efficiency of the service.

The arrangements and format of the interview will be the same as those for the previous interview. It is essential that the HR Manager is in attendance and that the manager conducting the meeting has the appropriate level of authority to implement all possible outcomes, including notice of termination of employment.

In reaching a decision about the appropriate outcome of the meeting the following matters will be taken into consideration:

- The attendance record of the employee
- The content and outcome of the informal discussion and previous formal sickness interviews
- What opportunity has been given to improve
- All medical advice available
- Whether there is a diagnosis of an underlying medical condition
- Any reasonable adjustments that have been considered and/or introduced
- The likelihood of improvement in the foreseeable future
- The needs of the service and work difficulties created by the absence

The manager will give a written summary of the position to date outlining the reasons why termination is being considered. The employee or their representative will be given an opportunity to state their case.

Termination of employment will be considered if all other options open to improve attendance have been explored. These might include:

- Making reasonable adjustments to the existing post
- Reduction in working hours – temporarily or permanently
- Redesign or modification of duties (where it is possible to do so)
- Redeployment (where possible)
- Ill-health retirement (where this is available and granted) 12.10.7

A decision to terminate employment must not be made without advice from the Occupational Health Advisor or with other specialist advice, unless the lack of such advice is caused by failure to attend Occupational Health appointments or other specialist medical appointments.

The employee should, in these circumstances, be advised that failure to attend may result in limited information being available to the manager which may influence the decision made, to the detriment of the employee.

If, after consideration of all the above a decision to terminate employment is made, then this will be confirmed in writing and shall be on the grounds of capability under this policy. This shall be the responsibility of the manager with authority to dismiss the employee concerned after seeking advice from the Workforce development lead.

Notice of termination shall be given or payment made in lieu of notice, whichever is most appropriate and in accordance with terms & conditions of service.

Employees must be advised of their right to appeal.

### **Procedure for the Management of Long Term Sickness Absence**

There is a significant distinction between long term and frequent absence, which consequently involves different approaches albeit under the same broad principles. However, an employee's

sickness record may include both short and long term absences, and all should be accumulated for the purposes of this policy and the activation of “trigger points.”

Throughout this process consideration needs to be given to any reasonable adjustments that may facilitate the employee returning to work.

Long-term sickness absence is generally related to a specific cause, and may or may not follow a predictable pattern. The priority is to ensure that the health problem is effectively managed, giving the employee the best opportunity of returning to work in their current role. If that is impracticable, then alternative strategies should be identified and put in place, within a reasonable timeframe.

Where an employee’s period of sickness is 28 calendar days or more it should be treated as long term sickness in accordance with this policy and dealt with as follows.

Where the employee’s long term absence is pregnancy related the manager should meet with the employee informally to establish what help or support may be required e.g. temporary adjustments to shifts/duties.

### Communication and Contact

It is expected that managers will proactively and positively manage long term sickness so as to be able to offer appropriate help and support.

It is recognised that, for some staff, returning to work after a prolonged period of absence can be difficult. It is vital therefore, that early and regular contact is maintained throughout an employee’s absence. It is expected that this contact will be two-way and that the employee will keep in touch to ensure that the manager is regularly updated on his/her condition/progress.

Arrangements for such contact should be agreed when the sickness is first reported and kept under review. It is important that a written record is kept of the date and content of the conversation where relevant to the sickness absence.

There may be circumstances where it may be detrimental and difficult for the manager to attempt to contact the employee. In such cases advice should be sought from the Workforce Development Lead or Occupational Health Advisor.

### Alternative Duties

There may be occasions when Occupational Health, General Practitioner or Consultant suggests that it may be appropriate for a member of staff to undertake work outside of their area of work for a specific period of time as an aid to their rehabilitation and return to normal substantive post. The member of staff must possess the necessary skills to undertake such alternative work.

Consideration should be given by the manager to this proposal and the availability of any suitable work. The exact details of the programme, including review periods will be agreed between the employee and their manager based on medical advice given before the employee returns to work.

Any agreement reached should be in writing.

### Planned Long Term Sickness Absence

Sickness absence can be planned where it is known that a member of staff will be undertaking a programme of clinical treatment that will be debilitating for a recognised period of time, for example, to undertake an operation or chemotherapy.

The manager and employee will meet prior to the absence and discuss the following:

- The likely period of time the employee will be absent

- Agreed dates and times for maintaining regular contact, to update each other on work and progress of recovery
- Agreed date and time for a formal meeting to start to plan a return to work
- Any other issue of concern for either party

A mutually agreed plan must be drawn up and a copy kept by both parties. Support in the drawing up this plan can be obtained from the Workforce development lead.

### Medical Opinion

Employees on long term sick leave may be referred to the Occupational Health Advisor by their manager. Referral should normally be made when unplanned absence exceeds 28 calendar days and may need to be repeated on more than one occasion during a period of sickness absence. In some circumstances although the absence is expected to be long term, it may be helpful to refer the employee before the 28 day period to ensure that prompt support and treatment is made available and for appropriate plans to be developed for those who will be returning to work after planned treatment.

Any report from Occupational Health will be discussed with the employee before being sent to the manager. The content of the report will be subject to the requirements of the Medical Records and Data Protection Acts and a copy will be given to the employee.

### Formal Discussion

During the course of long-term sickness it will be necessary to arrange one or more formal meetings under the sickness absence procedure. The first of these meetings should be held no later than one week following the 28th day of absence and sooner if it would be advantageous to meet earlier in order to facilitate the early provision of appropriate support.

It is recognised that this has the potential to cause anxiety to the employee and therefore, both the correspondence and discussion should be undertaken as sensitively as possible.

The employee should be reminded of the right to be accompanied. The Workforce development lead may be in attendance. In some circumstances it may be appropriate to conduct the meeting in the employee's home, with their agreement, and to allow the employee to be accompanied by a relative or friend.

The discussion may cover the following issues, as appropriate to the particular case:

- Progress towards recovery.
- Discussion of any medical advice already received.
- If there is a need for further medical advice.
- If there is a need for any other support or assistance.
- Exploring any reasonable adjustments that may facilitate a return to work for the employee, for example:
  - o Reduction in working hours – temporarily or permanently
  - o Temporary or permanent changes to working patterns, for example, a later start time or earlier finishing time, redesign or modification of duties (where it is possible to do so)
  - o Redeployment (where possible)
  - o Phased return to work
  - o Notification of sick pay entitlement
  - o The prospect of a return to work in the foreseeable future
  - o Any potential barriers to a planned return to work, the development of a return to work plan and the planned implementation of any necessary adjustments.

The main points discussed at the meeting, including any further action to be taken, must be noted. A letter confirming the discussion will be sent to the employee.

Termination of employment will need to be considered where it appears that:

- A return to work in any capacity is unlikely in light of the medical evidence
- A return to work is not forthcoming despite medical advice that a return is possible
- There are no reasonable adjustments that would facilitate a return to work
- There is no prospect of suitable alternative work becoming available

### Termination of Employment

At this stage, it is important that the meeting at which it is considered is conducted by a manager with the authority to terminate the employment of the employee concerned. Advice on this should be obtained from the Workforce advisor representative.

Prior to consideration of termination of employment the advice of the Workforce development lead must be obtained and they must be in attendance at the meeting. In addition, a decision to terminate employment will not be taken without up to date medical advice, unless the lack of such advice is caused by failure to attend appointments or failure on the part of the employee to allow access to relevant medical reports. The employee should, in these circumstances, have been advised that failure to attend or allow access to reports may result in limited information being available to the manager which may influence the decision made, to the detriment of the employee.

It will be necessary to meet the employee and discuss the prospects/difficulties before any decision concerning termination is arrived at. As the meeting is of a formal nature the employee must be reminded of the right to be accompanied.

Before any decision regarding termination is taken the following factors will be assessed:

- The overall attendance record
- All communication/contact with and by the employee (including formal and informal interview sessions)
- Medical opinion (unless this is not available due to the lack of cooperation of the employee)
- The likelihood of a return to work (with or without reasonable adjustments)
- Redeployment opportunities
- The needs of the service and for the work to be done
- Whether the employee has refused the offer of reasonable redeployment
- Any other relevant issues raised by the employee and/or their representative

A decision to terminate employment will be confirmed in writing and shall be on the grounds of capability. This shall be the responsibility of the manager with the authority to terminate the employment of the employee concerned.

Any decision to terminate employment should not be based on sick pay entitlement and may occur prior to expiry of such pay in appropriate circumstances. Equally, where sick pay entitlement has expired, this will not automatically lead to termination of employment, as this will depend on the circumstances of the particular case.

Notice of termination shall be given in accordance with statutory provisions or payment in lieu of notice, whichever is the more appropriate, whether or not the termination was with the agreement of the employee. In most cases payment of notice should run concurrently with sick pay entitlement.

### **Termination of employment and accrued annual leave**

If an employee is terminated on the grounds of ill health, they must receive payment for accrued but untaken annual leave for the current leave year plus any previously accrued but untaken statutory annual leave.



### **Authority to dismiss**

The decision to terminate will be made by the manager with the authority to terminate the employee's employment.

### **Appeals Process**

Appeals against dismissal under this policy should be directed to the Chair of the Board within 14 calendar days of the confirmation of dismissal being sent. The notification of intention to appeal should set out the grounds on which the appeal is based. The appeal must be heard, whenever possible, within 28 calendar days of receipt of the notification.

# Appendix A

## Return to Work Interview Record Form

# Return to Work Interview Record Form

This Return to Work Interview Form is designed as a guide for the line manager when meeting with employees on their return to work from sickness absence. The meeting should be formal, polite and relaxed with the manager encouraging discussion; listening as much as talking.

<b>Employee Name:</b>	
<b>Post:</b>	
<b>Department:</b>	
<b>Date of discussion:</b>	
<b>Person conducting interview</b>	

### Section 1: Absence Details

1. Date of absence	From:	To:
2. Date of return to work		
3. Did the employee follow the correct absence reporting procedure? (if no why not)		
4. If absence if more than 7 days has a Doctor's note been received	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
5. What was the reason for absence given in initial phone call?		
6. Dates of absence in last rolling 12 month period		

## Section 2: The interview

7. How are you now?

8. Are you able to carry out your normal hours and duties?

9. What was the cause of your absence?

10. Was the absence related to an accident at work?

11. Was an accident or incident report form completed (if not why not)

12. Did you consult a Doctor or other medical practitioner? (please give details of when)

13. Are you on any medication which may affect your performance?

14. If yes what effect could this have (positive or negatively)

15. Do you require any additional support?

16. Are there any issues which the employee wishes to raise following their recent absence?

17. Managers should give an update to employee on issues affecting department during absence e.g. change of work/staff positions

### Section 3: Next steps

<p>18. Has employee met trigger points as outlined in the Sickness Absence Policy:</p> <ul style="list-style-type: none"><li>- Three episodes of sickness absence of any length in any rolling six month period or</li><li>- Four episodes of any length in any rolling twelve month period or</li><li>- Two or more absences totalling 10 calendar days in a rolling 12 month period or</li><li>- Recognisable patterns of absence, including any in previous years, which cause concern but may not meet other triggers.</li></ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. Has the employee been made aware of future actions in accordance with KGPC's Sickness Absence Policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. Is a follow up Doctor's/consultants appointment required if so please give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. Does a referral to Occupational Health need to be made?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Appendix B

### Infectious Conditions

Blood Borne Viruses (Hepatitis B, Hepatitis C, Human Immunodeficiency Virus [HIV])	Employees should contact the Occupational Health Advisor if they are concerned or have any questions regarding their vaccination status. Staff who undertake exposure prone procedures have a professional obligation to seek advice or testing for blood borne viruses if they may have been exposed.
Chickenpox/Shingles	Employee must go off duty immediately if Chickenpox is diagnosed. If Shingles is suspected or diagnosed, staff should contact the Occupational Health Advisor or their General Practice (GP) straightaway for advice on working. This will depend on the location of lesions, the staff member's role, and susceptibility of the patient group or colleagues. Staff in close contact with Chickenpox or Shingles should contact the Occupational Health Advisor or their GP if they have any doubt about whether they are immune
Conjunctivitis	Absence from work may not be necessary, however, for any employees who work in high risk areas should contact the Occupational Health Advisor for advice. Hand hygiene is essential after applying the ointment and touching the affected eye
Coughs, colds and sore throats	From an infection control view point, a common cold is not usually an indication to be off duty. However a febrile illness or an illness involving severe sore throat/tonsillitis is an indication to be off duty in any clinical setting as this may be caused by Influenza. In the case of influenza, a throat swab should be taken and staff will be excluded from clinical duties.
COVID-19	Guidance around COV-19 can be found on <a href="https://www.gov.uk/coronavirus">https://www.gov.uk/coronavirus</a>
Gastrointestinal Illness	All employees with suspected infectious gastroenteritis should remain off duty until 48 hours have elapsed from their last symptom. The cause will often be viral, particularly during the winter period, when Norovirus is prevalent.
Herpes Simplex (including Herpetic Whitlow)	Guidance on Herpes Simplex can be found on <a href="https://cks.nice.org.uk/topics/herpes-simplex-oral/diagnosis/assessment/">https://cks.nice.org.uk/topics/herpes-simplex-oral/diagnosis/assessment/</a>
Influenza and influenza -like illness	Staff with probable/suspected 'flu or 'flu like symptoms, (fever of >38°C or history of fever plus two or more symptoms of cough or other respiratory symptoms, chills, sore throat, headache, muscle aches) should stay away from work  Staff who are suffering from significant chronic respiratory, heart or renal disease, diabetes requiring treatment other than dietary control, or are immuno-suppressed either as a result of disease or

	treatment and pregnant women are advised not to come into contact with confirmed or suspected influenza cases as far as possible
MRSA	<p>Employees with MRSA carriage should be examined for infected lesions and, if present, will be required to register a sickness absence.</p> <p>Employees carrying MRSA through their skin will be asked to remain off from work for a period of 48 hours from the start of commencing treatment</p> <p>Employees carrying MRSA in their nasal passage will be asked to remain off from work for a period of 48 hours from the start of commencing treatment</p>
Unexplained Rashes/Fevers	Diagnosis of any communicable infection e.g. measles should be reported immediately with employees remaining off-duty
Skin and soft tissue infections (including cellulitis, boils, abscesses and paronychia)	<p>Septic skin lesions are a potential source of infection to patients and colleagues. Swabs should be taken and the staff member referred to the Occupational Health Advisor</p> <p>Clinical staff with cellulitis, boils or abscesses, paronychia or infected exfoliating skin conditions must seek medical advice and contact Occupational Health for assessment and advice regarding exclusion from work</p>
Whooping Cough (Pertussis)	Employees with symptoms of whooping cough or have been in contact with a case of whooping cough, should not come to work. It is possible employees may need to remain off work for a period of up to 21 days depending on exposure, immunity, symptoms and treatment
Tuberculosis (TB)	Those with a diagnosis of active TB will be unfit for work until treated adequately. Staff with a diagnosis of latent TB whether treated or untreated can continue working provided they remain asymptomatic.
Rubella	Individuals with rubella are infectious from one week before symptoms appear to four days after the onset of the rash. Staff who have rubella should contact OHS and remain off work for at least 4 days after onset of rash and are well.
Mumps	Any employees who develop symptoms of mumps should stay away from work until after 5 days from the onset of parotitis. The diagnosis should be confirmed by the General Practitioner (GP) wherever possible, and the staff member should inform Occupational Health when they go off sick.

*The above list is not exhaustive and employees are encouraged to seek advice from a medical professional*