



Gangmasters &
Labour Abuse Authority

Sick Absence Policy and Procedure

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1. Policy Statement

- 1.1 Most people in the GLAA are good attendees who need and deserve support when unable to attend work through ill health. The GLAA is committed to an attendance management policy that is fair and consistent for all. Everyone has an important contribution to make to the work of the GLAA and they are missed when they are absent. Only very few people can go through their working life without ever having to be absent through sickness and the GLAA wants to assist staff in making a full recovery.
- 1.2 The GLAA sick pay arrangements are designed to ensure that when staff are unwell they do not need to worry about the immediate financial impact of their illness. However, staff are expected to be at work, in accordance with their terms and conditions of employment, when they are well. Sickness absence should not be used for any other purpose other than when staff members are themselves too ill to come to work. The sickness absence arrangements are not intended for use when dependents are ill or for other domestic problems.
- 1.3 Sickness absence levels in the GLAA must be monitored and it is one of the roles of the line manager to monitor the attendance levels of their staff and address any problems. Both long term and repeated short term absences can significantly disrupt the work of a team, but much can be done to reduce their impact if managers and staff recognise their responsibilities and communicate as effectively as they can.
- 1.4 The HR Team will not leave managers unsupported and will retain a key role (in partnership with managers) in referrals to the Occupational Health Adviser. Managers are not expected to be, or suddenly to become, experts in health and medical matters, but managers have knowledge of their staff and are best placed to make timely and informed decisions.
- 1.5 It is important that no-one feels under pressure to work when they are unfit to do so. Working when unwell or injured can be counter-productive. It may exacerbate the problem, e.g. by lengthening the recovery period, prompting a relapse, or even causing further and/or more serious health problems. In some instances it may spread illness and thereby cause a higher level of absences.
- 1.6 All information about individuals' health will be held and used in confidence in accordance with the Data Protection Act 1998 and the Access to Medical Reports Act 1988.
- 1.7 The GLAA will meet its obligations under the Equality Act 2010, the Health and Safety at Work Act and all other relevant legislation, and will also put into practical effect its own Stress Policy.
 - Rehabilitation back into the work place will be encouraged and supported
 - Appropriate support will be provided for those that are off work on continuing long term sick absence

- Managers will keep in touch with people who are off work ill. Such contact should be regular but not intrusive. Staff should not be put under undue pressure during sick absence
- Where an employee is absent for longer than two weeks, the HR Team or the Line Manager will offer to visit the employee, at their home or another venue, if the individual would prefer, to offer help and support.
- Managers are expected to use judgment, sensitivity and common sense when managing attendance. They should also be sympathetic, firm, fair and consistent. This is important in avoiding accusations and complaints of bullying and harassment
- When people are away from work through illness, or returning to work, they have a right to be treated professionally and with sensitivity by all their colleagues
- It is essential that everybody follows the GLAA's managing attendance guidance at all times. If any individual's attendance record is unsatisfactory, they must be advised by their line manager of the standards required and given adequate opportunities and support to reach that standard.

1.8 The GLAA aims to help everyone keep their levels of attendance and performance up to a satisfactory standard and will try to find the best solution to help them to do this. Where necessary this may include changing an individual's duties, moving them to other work in their area or exploring different working patterns. Please refer to the Unsatisfactory Attendance Policy and Procedure. As a last resort, the normal procedures on efficiency and discipline will apply.

2. Staff Responsibilities

2.1 All staff have responsibilities which must be fulfilled, including:

- attending work for the hours you are contractually obliged to work unless you are unfit or otherwise authorised by the GLAA to do so
- notifying your line manager that you are unfit to come in to work, usually by 9am, on the first day of absence, if you are unable to do so, someone should do so on your behalf
- notifying your line manager or other nominated manager e.g. one of the same gender, of the nature of your illness. You are not required to provide details other than the broad nature of your illness or incapacity and where possible its anticipated duration. Your line manager will need to consider adjustments that will help your return to work
- informing your line manager if you are suffering from a notifiable disease (Appendix D)
- agreeing with your line manager how you will keep in touch during your sickness absence where that absence is likely to be for more than a few days

- providing a self-certificate or 'Fit Note' for all periods of sick absence,
- keeping in touch with your line manager or other agreed/nominated manager at appropriate intervals during the period of absence and as the nature of the illness/incapacity allows,
- taking part in Welcome Back Discussions
- co-operating with your line manager with respect of any reasonable adjustments set out on the fit note and contributing to the review
- ensuring that the HR Team are provided with your self-certificate or Fit Notes as soon as practicably possible
- not undertaking any paid work for another employer during sick absence without prior express permission from the GLAA
- not returning to work until you are well enough to do so
- not taking annual leave as an alternative to sick absence

Failure to meet these responsibilities may lead to disciplinary action.

3. Line Management Responsibilities

3.1 As a line manager responsible for managing attendance, you are not only responsible for managing sick absence levels, but also for encouraging a working environment where people want to come to work and where they support each other. As a manager you are responsible for:

- ensuring that everyone on your team understands the procedures for notifying sickness absence
- explaining to existing and new staff the attendance level that is expected of them and what may happen where attendance levels fall short of this
- ensuring consideration is given to the advice on the 'Fit Note' if you receive one and how it affects the individual's job
- ensuring you discuss the adjustments proposed by the doctor on the 'Fit Note' with the individual and the options available and agree either the next review date or return to work date
- ensuring that the Welcome Back Discussion paperwork is completed for self-certification and where a Fit Note is supplied you complete the Form R1 (Appendix C) in consultation with your member of staff
- ensuring that the HR Team is notified of all sickness absences as soon as you are aware

- ensuring that, if you feel particularly concerned or surprised that a member of staff has not contacted you, (perhaps this is out of character, or you may feel the individual is particularly vulnerable), appropriate action is taken to check that the individual is all right
- refer to the Unsatisfactory Attendance Policy & Procedure for managing unauthorised absences
- keeping in touch with individuals, at appropriate intervals, who are off work due to illness and making arrangements with another agreed/nominated manager if you know you are going to be unavailable
- making arrangements for either a member of the HR Team or yourself to visit the individual to discuss any reasonable adjustments and facilitate their return to work
- considering requests for leave, such as annual leave, and special leave, fairly and consistently and with regard to supporting life-work balance, whilst remembering that they must not be used to replace sick absence.
- monitoring absence levels so you are able to identify potential problems at an early stage, including work-related health and safety risks, (e.g. stress)
- conducting Welcome Back Discussions after every absence of one day or more
- ensuring the Monthly Absence Statistics are kept securely in accordance with the Data Protection Act
- to consider what action, if any, is needed as a result of the prompts you receive from the HR Team after 10 working days' cumulative sickness absence in a rolling year, (i.e. 12 months preceding current date), at 15 working days' cumulative sickness absence in a rolling year and at 20 working days' cumulative sickness in a rolling year.
- making appropriate recommendations for referral to the Occupational Health Service provider, which must always be done via the HR Team.
- where an individual is on long term sick absence, consider whether the cause of their illness is, or may be, a disability as defined by the Equality Act ;
- if an individual has declared, or has a newly recognised, disability consider whether it is necessary to agree Reasonable Adjustments with the individual concerned;
- treating people fairly and reasonably in accordance with the GLAA's commitment to diversity and equality;
- taking formal Unsatisfactory Attendance action where necessary.
- reviewing arrangements made under the Fit Note scheme

- failure to meet these responsibilities and take appropriate action as necessary to manage the attendance of your staff, in accordance with the GLAA's policy statement on sickness absence, may lead to you being subject to other action which may include disciplinary action as appropriate.

4. Working whilst on sick absence

- 4.1 If you are absent because of sickness, you must not undertake any alternative employment, whether paid or unpaid, without having first obtained approval from the GLAA. This includes weekends, public and privilege holidays. Working whilst on sickness absence will only be agreed if it is for rehabilitative purposes, and staff will not be expected to carry out a second job whilst declaring that they are unfit to come to work at the GLAA. If you undertake an outside occupation without permission, your entitlement to paid sick absence, Statutory Sick Pay and National Insurance benefits may be affected and disciplinary action will be considered.
- 4.2 Authority to carry on any outside occupation or duties during sick absence is given only if it does not bring the incapacity into doubt and will not delay a return to duty. Requests for such authority must be made by the individual in writing and be accompanied by any supporting medical evidence or information e.g. letter from a GP, specialist, physiotherapist etc.

5. Pregnancy Related Absences and Appointments

- 5.1 As required by legislation, all pregnancy related absences or appointments are disregarded for the purposes of reaching the prompts and when considering formal action to deal with Unsatisfactory Attendance. From the time the employee declares herself pregnant, to the time the baby is born or the pregnancy ends, she is also protected from movement to half or no pay if she is absent through pregnancy related sickness during this time. This remains so from the time a member of staff declares herself to be pregnant to the end of the Ordinary Maternity Leave (OML) or Additional Maternity Leave (AML) if taken. Pregnancy-related absences will still need to be recorded.
- 5.2 After the end of the employee's OML or AML if taken, managers must treat pregnancy related absences in the same way as they would any other case. If there is any doubt then further advice can be sought on individual cases from the HR Team.
- 5.3 It is automatically unfair to dismiss a woman if the reason for dismissal is that she is pregnant, or for any other reason connected to pregnancy.
- 5.4 Post Natal Depression will not be used for monitoring purposes or count towards the triggers.

6. Recording Absences for less than a full day

- 6.1 For monitoring sickness absence purposes only, if you attend the office for work for:
 - no longer than 1 hour - this will be counted as a full day absence

- more than 1 hour but less than half your normal daily conditioned hours, (or your conditioned hours for that day if you work part-time to a variable pattern) - this will be counted as a half day absence (i.e. 3 hours 42 minutes)
- more than half your normal daily conditioned hours (or your conditioned hours for that day if you work part-time to a variable pattern) - this will be counted as a day of attendance (i.e. 7 hours 24 minutes)

6.2 If you work flexible working hours you should still record the time you arrive and depart from your place of work. However, your manager will allow flexi credit to bring your time up to normal daily conditioned hours. Part time workers will receive a credit to take them up to their normal standard day.

6.3 For pay purposes, if you attend the office but go home after working more than half your conditioned hours, it will be counted as a day's attendance. If you are working reduced hours for medical reasons your pay may be affected.

7. Certificates

7.1 A self-certificate form is valid for up to the first seven calendar days of any absence. The certificate should state the duration of and, with due regard to privacy and confidentiality, the reason for the illness and must be signed and submitted on your return. You are expected to give the broad nature of your illness and/or symptoms even though you are not expected to make a medical diagnosis. If the absence continues, you must provide a 'Fit Note' from the eighth calendar day and continue to do so until the absence ends. The manager or member of staff should send these to the HR Team as soon as practicably possible.

7.2 A self-certificate and/or 'Fit Note' must cover all periods of sickness absence. If you consider the reason for the absence to be sensitive, you may submit your certificate through a different manager e.g. through one of the same gender as you. However a record of sick absence will still need to be kept and a Welcome Back Discussion undertaken with your line manager, even if the reason for absence cannot be included in the discussion or on the Sick Absence Record. If you do not wish to discuss your absence with your line manager another agreed/nominated manager will conduct the Welcome Back Discussion.

7.3 If an individual returns to work whilst still covered by a 'Fit Note' the manager should discuss with the individual, seek the individual's confirmation that they are fit to work and if they agree allow the employee to return to work. Managers should keep a record of all discussions with the employee and a record of the request to return to work early. Individuals should be aware that they are not expected to come to work if they are unfit to do so.

7.4 You must provide a 'Fit Note' from the 8th calendar day of absence, which will:

- provide your name
- provide the date of the doctor's assessment – it can mean face to face consultation, a telephone consultation or the consideration of a written report from another doctor or registered healthcare professional

- state the nature of the illness/condition(s)
- be given by a qualified and registered medical practitioner
- be dated and signed with the practitioner's name and address
- advise whether you are fit for work with some adjustments or not fit for work
- give additional comments or state if Occupational Health assessment is required
- state the period or anticipated period of incapacity or level of fitness for work or give precise dates for the period in which the advice applies

7.5 Medical Practitioners are now able to issue 'Fit Notes' for long or indefinite periods. Should you be covered by such certification, managers are still expected to follow Keeping in Touch procedures during the period covered by the note.

7.6 You will be allowed up to 10 calendar days, from when a 'Fit Note' is first required, in which to submit it. This is because it is not always possible to make a doctor's appointment on the date of the expiry of the self or medical certificate, or your condition might make it difficult or impossible to do so. A further or continued lack of medical evidence beyond this deadline is not acceptable and may result in disciplinary action and/or action to stop pay.

7.7 The cost of any additional 'Fit Notes' specifically required by the GLAA will be borne by the GLAA. Claims should be made using web-expenses.

8. Foreign Medical Certificates

8.1 If you are on holiday in a foreign country when you fall ill, you must still make every reasonable effort to notify your line manager in the manner outlined above. If this is impractical, you should obtain documentary evidence of your incapacity from a recognised medical practitioner, which can be submitted to your line manager on your return. A retrospective certificate supplied by your own doctor can be accepted as proof of incapacity whilst abroad. If your line manager has any doubts or concerns about the evidence provided, they should seek advice from the HR Team and may consult the Occupational Health Service provider. If a translation of documentation supplied in another language is required, this should be obtained through the HR Team.

9. Medical Certificates Received Late

9.1 If a 'Fit Note' is received late and covers a period of previously unexplained absence, then sick pay will be paid. Disciplinary action may still be considered for failure to supply information on time without good reason.

10. Annual Leave

10.1 Annual leave must not be taken as an alternative to sickness absence. However, if you fall sick whilst on annual leave and become aware that the incapacity will seriously interrupt the period of annual leave you should inform your line manager

not later than the 2nd day on which you are ill. A serious interruption of annual leave would be 2 or more days of continuous illness, interrupting 2 or more days of annual leave and where you have had to seek medical advice. You must produce evidence of incapacity as soon as is practicable and will be paid at the appropriate sick pay rate.

- 10.2 Annual leave will not be granted immediately following any period of sick absence unless you provide a self-certificate or a 'Fit Note' from a qualified medical practitioner of fitness to return to duty.

11. Access to Health Records and Reports

- 11.1 If you are asked to undergo an occupational health examination by the GLAA and you consent, you will be provided with a copy of the medical report.
- 11.2 The Occupational Health provider ("OHP") may wish to consult your own doctor or consultant for further advice on your medical condition. Under the Access to Medical Reports Act 1988 you have the right to see a medical report which has been made about you by your own doctor or consultant. You may see the report before it is provided to the GLAA and are entitled to request that any part of the report is amended if you consider it to be misleading or inaccurate. If your doctor or consultant does not agree to include any changes you request in their report you can ask that a statement is attached to the report which sets out your views on the report. The Act allows your doctor or consultant to restrict access to your medical report in certain limited circumstances.
- 11.3 Before your doctor or consultant can be approached by the OHP, they must:
 - obtain your written consent - a consent form to request the release of the personal medical information will be issued;
 - inform you of your rights to withhold consent without fear, as withholding consent is not a disciplinary offence;
 - ask you whether or not you wish to see the report before it is supplied.
 - inform you of your rights of access to the report, and your right to request amendments to the report if you consider it to be incorrect.

- 11.4 If you withhold your consent for the OHP to consult your doctor etc. the OHP may need to carry out its own assessments via a medical appointment. You may also refuse to see the GLAA's Medical Advisers. However, the advice to the GLAA and any subsequent action taken to deal with your absence will be based on the evidence available.

12. Injury, Illness or Accident at Work

- 12.1 The procedure for reporting work related accidents, injuries and illnesses is set out in the Work-Related Accident/Incident/Ill Health Report Form which can be found at Appendix A.

12.2 If you are absent as a result of an accident arising out of and/or in the course of your work, or you are diagnosed as having contracted an illness or disease due to the nature of your employment, you must notify the HR Team as quickly as possible. Your line manager can do this if necessary.

13. Notifying Absence

13.1 If you are sick, you must let your line manager or other agreed manager know that you will be absent, usually by 9am, on the first day of your illness, giving an indication of your likely return. Where this is not possible please ensure someone notifies them on your behalf. This should be done by phone and not text and/or email. Line managers must ensure that specific arrangements are in place to receive reports of absence for the occasions when they are not available.

13.2 If the illness is of a personal or distressing nature, and you do not wish to discuss it with your line manager, the line manager should contact an alternative manager with whom you are willing to discuss the relevant details.

14. Failure to Notify Sickness Absence

14.1 If a member of staff does not notify their line manager on the first day of absence, the manager should try to contact them. If they are unable to make contact they should inform HR and write to the individual. The letter will include;

- expression of concern that they have not heard from the individual
- notification that the individual should contact their manager, within 3 working days of receipt of the letter, with an explanation of their absence
- a warning that their absence may be regarded as unauthorised and thus have pay and disciplinary implications
- notification that a certificate is required for sickness absence
- an indication of the possible consequences, i.e. loss of pay and disciplinary action if they fail to make contact or fail to comply with the procedure for notifying all sick absence

14.2 If the manager feels particularly concerned or surprised that a member of staff has not contacted them more direct action may be appropriate. Managers should always take appropriate action if they cannot establish contact with a member of staff and they have reason to be concerned for their well-being.

14.3 If the line manager feels that a telephone call from them would be particularly unwelcome they can ask another manager to make the call. However, this is an administrative duty and the line manager has initial responsibility to try to establish contact unless there are very good reasons why they should not.

14.4 If direct contact cannot be made, other options are:

- asking other colleagues if they are aware of their whereabouts or any problems

- getting in touch with the HR Team to make contact
- if justified, contacting the police

14.5 If a member of staff does not respond within 3 working days the manager should write again making clear that disciplinary action may be taken, unless a satisfactory explanation is received within a further five working days.

14.6 The manager must also ensure that the HR Team is notified by the 10th working day of unauthorised absence at the latest so that they can arrange to stop pay. Pay should be stopped until contact is made and appropriate evidence for absence is provided.

15. People Who Are Taken Ill at Work

15.1 If you become unwell whilst at work you should tell your line manager, or other available senior manager, straight away. You may, if appropriate, also wish to seek advice from a First Aider who may be able to provide interim help and give access to a first aid room if available. However, First Aiders must not offer medical advice, medication or assistance that is outside their remit. If you become unwell you should go home or seek medical attention as appropriate. Managers must take reasonable steps to ensure that you get home safely for example by arranging for transport and/or for someone to accompany you.

16. Medical Appointments

16.1 If you have to attend medical appointments (e.g. GP, consultant, therapist etc.) your manager will normally allow you reasonable time off, and flexi credit up to your conditioned hours. Wherever possible you should attempt to make the appointment near the start or end of the working day.

16.2 If your appointments are frequent and/or recurrent, you and your manager may need to consider alternative arrangements.

17. Keeping in Touch

17.1 Keeping in Touch is an integral part of the attendance management process. Staff who are absent on sick leave should do their best to maintain contact with their line manager and keep him/her informed of any developments. It may be necessary for the GLAA to contact the individual at home from time to time during sick absence, for example to ensure their well-being and to ascertain their progress and likely return date. This will generally not be necessary unless the individual has been absent for more than a couple of weeks. Such contact should not be intrusive, but no individual should be left without contact for two weeks (either by them or by the GLAA). For any absence over two weeks, the line manager or HR will offer to visit the employee, at their home or another venue should the individual prefer to offer help and support. Keeping in Touch benefits both the individual and the organisation by ensuring that the GLAA has up to date information on the individual's absence and can offer the individual all necessary support to help them back into full and effective service as soon as they are fit and able to return to work.

17.2 If an individual does not wish to give personal contact details to their line manager or any other manager in their work area they do not have to. At the very least however, they must ensure that the HR Team have their correct contact details so that they can keep in touch with the individual as necessary. Managers will need to know if their staff are off sick and how long they expect to be away, therefore, the HR Team will give them this information. However, the reason for the absence will not be disclosed without the individual's permission.

17.3 Managers are responsible for ensuring that keeping in touch arrangements are put in place and are acted upon.

17.4 The manager should take care when discussing with the individual the prospect of returning to work, or issues such as retirement on ill health grounds. Although this information can be useful to gain an indication of the individual's views and preferences, it should not be delivered in such a way that it could be perceived as pressure on the individual either to return to work or to apply for ill health retirement, or as a promise that an avenue such as ill health retirement will be approved.

18. The Welcome Back Discussion

18.1 When an individual returns from sickness absence, a Welcome Back Discussion will be conducted by the line manager or agreed other manager for any absence of one day or more, on the day the individual returns to work or as soon as possible if the manager is not available. In the case of a very short absence where there is no cause for concern over the amount of sickness absence an individual has taken, the Welcome Back Discussion will be brief. If the line manager and individual work remotely from each other i.e. working at home or at different locations, the Welcome Back Discussion can be conducted over the telephone.

18.2 The Welcome Back discussions serve a variety of purposes. In the case of a very short absence the line manager must at least ensure that the self-certificate has been sent to the HR Team. There is no requirement for a detailed or lengthy discussion if it is not necessary. In the case of longer absence, or a short absence which occurs soon after a previous absence or absences, managers should make a judgment on which of the following points are appropriate to an individual situation. The key functions of the discussion are:-

- to welcome the individual back to work
- to confirm that they are fit to return to work
- to let them know how their work has been covered, what hasn't been done and to discuss how the individual can reprioritise
- to update them on events that have taken place during their absence
- where appropriate, to identify problems which might have contributed to this absence and discuss possible solutions
- to consider whether advice from the OHP would be useful, e.g. if there might be an on-going health problem or if the illness was work-related;

- to collect the self-certificate, or at least ensure that the individual has sent it to the HR Team
- consider the advice on the ‘Fit Note’ and how it affects the individual’s job
- discuss the adjustments proposed by the doctor on the ‘Fit Note’ with the individual and the options available and agree either the next review date or return to work date
- forward the ‘Fit Note’ to the HR Team as soon as they can and not later than 5 working days from receiving it so they can record absence or return to work accordingly

18.3 The Welcome Back Discussion is an informal one that should be undertaken in a manner that is attentive, caring and supportive. It is not a disciplinary interview. In some cases an individual may be reluctant to discuss an illness of a personal and/or distressing nature and there should be sufficient flexibility available for the discussion to be held with someone other than the line manager.

18.4 The location of the discussion should have regard for privacy. An individual has the right to confidentiality that must not be breached. They do not need to discuss in detail the reason for any absence that they consider sensitive. However, the broad reason for absence must be made known to the GLAA via their ‘Fit Note’ or self-certificate.

19. Recording the Absence

19.1 The HR Team will record sickness absence on Snowdrop, having been informed by the line manager.

19.2 On a monthly basis the HR Team will produce absence statistics by team which will be sent to each line manager, as a tool to allow managers to deal with any absence issues. Line managers should ensure these statistics are stored confidentially and securely. Where a line manager is absent then these statistics will be diverted to the line manager covering this work area.

20. Prompts

20.1 Whilst the GLAA recognises that there will be times when individuals are unable to attend work due to illness, there is no entitlement to set periods of sickness absence (i.e. it is not an allowance which can be used whether you are sick or not). There are limits which apply to payment during sickness absence; and there are prompt points at which the need for action by management, Human Resources and/or OHP will be considered if such action has not already been taken before the prompt point is reached. All sick absence, other than pregnancy related, and whether self-certified or medically certified, counts towards sick absence prompts. It should be noted that prompts are neither limits nor targets, but are merely appropriate points at which to take stock of an individual’s sick record, and review with them any perceived problems. Managers should not consider that action is necessary just because a prompt point has been reached. It is, of course, open to the manager to consider action in advance of the prompt where the facts of the individual case merit it, but it

must certainly be considered at the time a prompt is made. Managers should seek advice from the HR Team if in any doubt as to what is required or what might be the best way forward.

- 20.2 The first prompt point is at 10 working days cumulative sickness absence in a rolling year. This will include weekends, bank holidays, public holidays and privilege days when sickness absence continues either side of these days. As line managers will be provided with a record of sickness absence they should already be aware, but the HR Team will in any case notify the line manager when a member of staff has reached this prompt point.
- 20.3 Once the first prompt point is reached the manager in discussion with the employee must consider, at the Welcome Back Discussion, whether any action is necessary, including referral to the OHP if appropriate. Whilst the majority of cases will not need to be referred, the line manager should not automatically assume that this will be so. When deciding if a referral is necessary the manager should consider whether the absences have been caused by a short term health problem, a series of absences for a variety of reasons, or a potentially serious or ongoing situation. It may seem clear at the outset that a referral is unlikely to be necessary e.g. in the case of a broken limb. However, circumstances might change at a later date (for example if there are complications as a result of the original illness or injury). Referrals may only be made via the HR Team. Managers should seek advice from the HR Team if they are in any doubt as to the appropriate course of action.
- 20.4 The line manager will need to inform the HR Team of any action taken as a result of the prompt or to confirm why no action is to be taken at this point. Any action, or decision to take no action, at this point must be decided on a case by case basis.
- 20.5 The second prompt point is at 15 working days cumulative sickness absence in a rolling year. Once this prompt has been reached the HR Team will notify the line manager. Managers should not wait for the second prompt before considering action if they have reason to be concerned before that time is reached. The purpose of the prompt is to ensure that possible problems are not overlooked.
- 20.6 The third prompt point is at 20 working days cumulative sickness absence in a rolling year. Once this prompt has been reached the HR Team will notify the line manager. Managers should not wait for the third prompt before considering action if they have reason to be concerned before that time is reached. The purpose of the prompt is to ensure that possible problems are not overlooked.
- 20.7 Once the third prompt point is reached the line manager will consider again whether a referral to the OHP is necessary and appropriate. If so, the manager must seek referral via the HR Team without delay. If a referral is deemed unnecessary or inappropriate, the line manager must still have a discussion with the individual about the level of their absence and whether anything can be done to assist their recovery.
- 20.8 The 20 day prompt will be a recurring feature i.e. if a further 20 days cumulative absence is reached within the same rolling year, the line manager will be prompted again. This is to ensure that a member of staff does not remain on long term sick absence without having their situation reviewed. If action is still in train following the initial 20 day prompt then there will probably be no need to follow up the next one.

20.9 Advice from the OHP may be required to ensure an individual's safe return to work (after an operation for example). Such advice must be sought well in advance of the individual's return to work date. This will ensure that any necessary restrictions on duties (or relevant adjustments to the workplace) can be put into place prior to the individual returning.

21. GLAA Sick Pay

21.1 Upon completion of 12 months service, full-time employees, may be eligible for six months of sickness absence at full pay, followed by six months of sickness absence at half pay within a four year rolling period. Part-time employees may be eligible for a proportion of these amounts.

21.2 If you have exhausted the period of paid sick absence on full and half pay, you may be entitled to a further period or periods of paid sick absence provided that the GLAA's OHP provider has advised the GLAA that there is a reasonable prospect that you will return to work.

21.3 If you fulfill the above mentioned conditions you will be paid at the lower of the following rates;

- for members of the Principal Civil Service Pension Scheme (PCSPS) Classic Scheme (and those eligible to join but who chose not to do so) the rate of the pension for which you would have qualified had you retired by reason of ill health on the date your period of paid sick absence expired,
- for members of the PCSPS Classic Plus and Premium Schemes, Nuvos and the Partnership Scheme (and those eligible to join but who chose not to do so) the rate of pension for which you would have qualified under the lower tier ill health retirement benefits of the Premium Scheme had you retired by reason of ill health on the date your period of paid sickness absence expired.

22. Extended GLAA Sick Pay

22.1 Where as a result of a long term illness or injury the maximum total allowance of 12 months sickness absence in any four year period has been exhausted, the GLAA may, at its discretion allow further sickness absence on either full or half pay, for the maximum of 60 days:

- for continuing treatment of the original illness or injury which necessitates time off work to administer and/or for time off work occasioned by debilitating side effects of treatment which has been given for the original illness or injury; or
- for minor ailments unrelated to the original illness or injury

22.2 No more than 40 days will be allowed in any event for unrelated minor ailments.

22.3 Absences under both points will count towards the overall total of 60 days.

22.4 These arrangements are intended to discourage employees from working when they are unfit to do so.

22.5 Extensions to GLAA sick pay will not be granted if an employee has exhausted their sickness absence entitlement by a variety of absences, i.e. it is not intended to give extra paid sickness absence to an employee with a generally bad sickness record.

23. Disability Related Absences and Underlying Medical Conditions

23.1 The GLAA has obligations for those who have a disability as defined by the Equality Act.

23.2 In addition the GLAA is committed to treating everybody reasonably and fairly. Provided that an individual has an underlying health condition, disability or impairment, regardless of whether or not it falls within the scope of the Equality Act, appropriate reasonable adjustments will be made.

23.3 If a problem is identified with an individual's attendance, their line manager should discuss the matter sensitively with them. Occupational health advice may be needed to decide whether any changes at work can be made to improve the individual's ability to do their job. Managers should keep in mind at all stages the possibility that absences might be related to a disability or underlying medical condition that has not been formally identified and/or declared, but which may still be covered by the Equality Act. If you are a manager who suspects that this might be an issue, you should discuss the possibility with the individual, as sensitively as possible, to try and confirm whether or not there is a disability matter involved. You should encourage the individual to be as open as possible, so that any reasonable adjustments that may be appropriate can be considered. The Welcome Back Discussion is a suitable time for such a discussion. You may need to bear in mind that the individual may not be aware that there is an underlying problem, and that they may find the possibility distressing or disturbing.

23.4 If the individual refuses to discuss the existence, the nature or the impact/effects of a possible disability or underlying medical condition, their privacy must be respected but they would need to be advised that any help from the GLAA will be limited as a consequence, in terms of considering appropriate adjustments and/or other forms of assistance.

23.5 When considering reasonable adjustments, managers must actively involve the individual and seek their agreement to them. The first contact point should be the HR Team. Other useful contacts will be: OHP (through the HR Team), Trade Union representatives, the Access to work Adviser within the local Jobcentreplus, and recognised disability organisations.

23.6 Examples of reasonable adjustments or changes which might be considered include;

- allocating work to, or exchanging duties with, another individual - a manager may need to seek medical or other specialist advice on the type of duties that have an effect on, or are affected by, the individual's disability,
- altering the individual's working pattern - the manager must first seek medical or other specialist advice on the number of hours and/or working patterns that the

individual with the disability could reasonably be expected to work. It is important to remember that permanently reducing an individual's conditioned hours of work will reduce their pay, therefore the individual's agreement to any change in their conditioned hours must be obtained in advance (Reduced Hours for Medical Reasons).

- assigning the individual to a different place of work or allowing homeworking - the manager may need to seek OHP or other specialist advice, e.g. on whether either travelling or working in isolation might aggravate the condition. Again, changes to working arrangements must only be made with the agreement of the individual and if they can reasonably be expected to have a beneficial effect for them,
- acquiring or making changes to premises or equipment and training to use the equipment,
- subject to any specific independent occupational health advice, accepting higher than normal levels of sickness absence

23.7 In addition to reasonable adjustments, leave is available for disability related appointments which occur when the individual is otherwise fit for work and/or whilst necessary changes to equipment or the workplace are being made or are awaited, e.g. to support or facilitate a return to work.

23.8 A number of factors influence whether it is reasonable for an employer to make a particular adjustment. These may include;

- how much an adjustment will improve the individual's situation
- how easy it is for the GLAA as an employer to facilitate and afford
- any Health and Safety implications
- the impact of the change on the rest of the team
- the resources of the GLAA
- financial or other help that may be available

23.9 If changes are made the individual should be allowed reasonable time to readjust. Such reasonable time will include training to use specialist equipment. Both the line manager and individual must know how long this period will be.

23.10 In due course, evidence may be provided (either by the OHP or the employee's GP) that the individual is fit to return to work. If they are unable to do so pending implementation of reasonable adjustments, they should no longer be considered to be absent due to sickness/ill health and the status of their absence should be changed by HR. This will prevent them being moved on to half pay, which could be considered to be unfair treatment. This is only intended to be considered in exceptional circumstances, each case would be time limited and would be subject to approval by the Head of Human Resources.

24. Occupational Health Provider

24.1 If an individual's overall state of health or their sick absence level causes concern, their manager may, through HR, seek advice from the OHP. Individual consent is required in order that the OHP may contact relevant specialists involved (such as the individual's GP or consultant). If the individual refuses to give consent they must be made aware that this is likely to mean that managers will have to make operational decisions based only on information they already have available, without the benefit of full occupational health advice.

24.2 There will be other situations where a manager should also consider the need for OHP advice. A manager may, for example, have concerns about an applicant's ability to do a particular job on health grounds, or be concerned that a particular aspect of the job might aggravate or cause the recurrence of a previous physical or mental health problem.

24.3 A manager may have particular concerns which the OHP can assist with, when;

- an individual is frequently off sick for short periods or has a significantly lengthy spell of sickness absence
- an individual is returning to work after a period of illness and recuperation, and advice is required as to how best to help rehabilitate the individual back into work or
- an individual with a disability or a chronic health condition is moving to a different type of work, e.g. if the work will be more physically demanding

24.4 The OHP will need the individual's permission before contacting a GP, consultant or other health specialist.

25. Reduced hours for medical reasons (RHMR)

25.1 The option of working Reduced Hours for Medical Reasons is available if an individual is returning to work following a long or serious illness and s/he or their G.P. feels that a phased return to work would be beneficial. The provision is for rehabilitation purposes and can be granted whether the individual works full or part-time. They may work reduced hours for a period of *up to* 8 weeks to ease them back into a normal working routine. If the individual considers that they may not be able to return to their normal conditioned hours by the 8th week, in exceptional circumstances and provided that extending this period will further help the individual achieve a sustained return to work, the manager can extend this period after seeking advice from the HR Team. Such an extension will be for no more than a few weeks. An extension will only be granted if there is a reasonable expectation that the individual would then be able to resume a normal working pattern. If it becomes clear that an individual is not going to be able to return to a normal working pattern after 8 weeks, (extended where appropriate), alternative arrangements should be considered and agreed with the individual, e.g. moving to part time working, or further reducing the hours in their existing part-time working arrangement.

25.2 Under Reduced Hours for Medical Reasons, the individual is paid at their normal salary rate for the hours they work, and at the appropriate sick pay rate for the balance of their normal working hours. The hours not worked are accrued together into whole sick days. These days count towards the normal limits to sick pay.

25.3 The individual should discuss the option of coming back under Reduced Hours for Medical Reasons with their doctor or specialist as part of their recuperation plan. It should also be agreed with the line manager before the individual is due back to work so that appropriate arrangements can be made. The individual should:

- apply in writing to their line manager, proposing the hours of work and the duration of Reduced Hours for Medical Reasons.
- provide supporting medical evidence from their GP or consultant

25.4 If the line manager has any doubts about the proposed RHMR, the HR Team should be consulted.

25.5 The line manager should confirm with the individual arrangements made for their return to duty within the following guidelines

- if they normally work 30 hours per week or more the individual should try to return initially on a minimum of 15 hours per week, excluding meal breaks. If they normally work less than 30 hours per week then they should try to return initially on a minimum of half their normal conditioned part-time hours.
- within the overall reduced hours, the individual should try to attend work on each of their normal working days. They may work fewer days with the agreement of their line manager and if their GP or consultant thinks it appropriate
- the individual can commence Reduced Hours for Medical Reasons on any working day, it does not have to be a Monday
- the individual should increase the hours they work as their health allows during the approved period, building up to their normal conditioned hours
- the individual will be paid at their normal salary rate for the hours worked, and the balance of their conditioned hours will be paid at the appropriate GLAA sick pay rate. Sick absence accrued during a period of Reduced Hours for Medical Reasons counts towards the normal limits to sick pay

25.6 The hours the individual works should be rounded up to the nearest 5 minutes to enable payroll to calculate their sick pay.

25.7 Attendance under RHMR will reckon as full time service for:

- contractual annual leave, provided that sick pay is at full or half pay or Sick Pay at Pension Rate
- pension purposes, provided that sick pay is at full or half pay.

25.8 If you have exhausted your entitlement to sick pay, only the hours actually worked will reckon for pension purposes. However, any days accrued sick at no pay will not reckon for contractual annual leave, (i.e. those days in excess of the statutory entitlement of 4 weeks).

25.9 If you fall sick during Reduced Hours for Medical Reasons on days you would otherwise be working, a separate Fit Note must be supplied. Such absence will be recorded as actual days sick, and you may be entitled to Statutory Sick Pay. If your absence is such that your return to work is disrupted, your Reduced Hours for Medical Reasons may cease; however, a new period of Reduced Hours for Medical Reasons, with supporting justification from your GP or consultant, can be set up if appropriate when you are fit to return to work.

25.10 Whilst working Reduced Hours for Medical Reasons if you take any annual leave, special leave or a public or privilege holiday occurs, a credit for your attendance will be given equal to the number of hours worked on the same day in the previous week or the last week worked.

25.11 Working Reduced Hours for Medical Reasons does not affect an individual's right to statutory or contractual annual leave.

26. Notifiable and Other Diseases Involving Risk to Colleagues

26.1 If you are diagnosed as having contracted a notifiable infectious disease you should seek medical advice and obtain a Fit Note from your doctor to cover your absence if necessary.

26.2 If you have been in contact with a notifiable disease you should seek initial advice from your GP who will advise you as to whether or not you should come into work. You may be advised by a "proper officer" e.g. a GP or a communicable disease consultant appointed for the purposes of Section 20 of the Public Health (Control of Disease) Act, who may advise you not to come into work. In either case you should inform your line manager who should then notify the HR Team.

26.3 If you have been in contact with diphtheria and a swab has been taken you should not return to work until you obtain a clearance certificate. Such absence will be treated as special leave with pay. If a "proper officer", as defined above, issues a certificate covering your absence, you will qualify for incapacity benefit under social security legislation, and once you are in receipt of injury benefit your pay will be adjusted as if it were sick pay. If you have been in contact with a notifiable disease, your GP will advise you about avoiding further contact.

26.4 Any cases of disease which may involve risk to yourself or your colleagues (e.g. Tuberculosis) should be notified by your line manager to the HR Team. The HR Team will advise, on the basis of risk, whether advice from the Department's OHP is necessary.

26.5 If an individual has been in contact with an infectious or contagious disease, the following guidance should be followed. If there has been contact with:

- **a common childhood ailment** e.g. chicken pox, measles, (other than German measles) and mumps. You can attend work provided you are symptom free;
- **German Measles (Rubella)** - If you have contracted or been in close contact with a case of German measles (e.g. in the family setting) you should seek initial guidance from your doctor about the risks of passing the infection on, and report your exposure to your line manager. Your line manager should arrange for you to work in another part of the workplace where you will not come into contact with anyone who is, or may be, in the first five months of pregnancy. This includes members of the public. All women of childbearing age, whom you have been in contact with, especially those who are known to be pregnant, should be advised to consult their GP. Where appropriate segregation cannot reasonably be achieved, your line manager will either allow you to work at home, with your agreement, if appropriate, or to take the necessary time off as special paid leave.
- **any other infectious disease**, consult your doctor. If you are advised to stay away from work you should send a Fit Note, or a suitable letter from your GP, covering your absence.
- Managers should consult the HR Team, in the first instance, if unsure of the risk of infection or the need for the individual's absence.

Report Author: [REDACTED]

Senior Responsible Officer: [REDACTED]

Appendix A



Gangmasters & Labour Abuse Authority

Incident and Near Miss form

This form is to be completed as soon as possible after the incident or near miss. Please forward your completed form to [REDACTED]

Subject of report:	Incident <input type="checkbox"/>	Near miss <input type="checkbox"/>
Details of person making the report:	Employee <input type="checkbox"/>	Visitor/Contractor <input type="checkbox"/>
Name:		
Department:		
Job title:		
Head of Department:		
Date of occurrence:		Time of occurrence:
Location of occurrence:		
Home address including postcode:		
Contact telephone number:		
Additional details:	Age	Sex
Details of incident:		
Details of witnesses to the above:		
Name:		
Address:		
Contact telephone number:		
Name:		
Address:		
Contact telephone number:		

Appendix B



Gangmasters & Labour Abuse Authority

Self-Certified Sick Absence form

Section 1: please complete

To	HR Team
Name	
Job title	

I wish the period of absence detailed below to be treated as self certified absence:

Date from	
Date to	
Duration of illness (number of days)	
Date returned to work	
Nature of illness	

Section 2: only complete if you have had an injury at work

I wish the period of absence detailed below to be treated as an injury at work (or an industrial disease contracted at work).

Date from	
Date to	
The injury occurred on	

Section 3: please complete

I understand that I must produce a doctor's statement from the 8th calendar day of a continuous period of sick absence and I certify that the information given on this form is true.

Signed	
Date	
Line manager signed	
Date	

For absences of 1 day or more please complete section 4 below.

Section 4: Welcome Back Discussion

The Welcome Back Discussion should be:

- conducted by the line manager ideally on the day of return itself or by someone other than the line manager e.g. same gender, senior manager or HR
- conducted in a compassionate and sensitive tone
- focused on the needs of the employee as well as the needs of the GLAA
- in a location that protects the individual's privacy

The focus is to ensure that sickness absence is managed fairly and appropriately and to establish:

- the reason for the absence
- the employee's current state of health
- to discuss support they may need and pick up on any other issues arising from the absence

The employee does not have to discuss in detail the reason for any absence they consider being sensitive, although the broad reason must be made known to the GLAA via their medical or self-certificate.

The form below is a guideline only and should be completed as the meeting progresses, signed off by both parties and sent to [REDACTED]

Interviewer		Date	
-------------	--	------	--

On the first day of the absence:

Who was notified		At what time	
Did the employee notify	Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'no' who did	

For absence periods of one day or more:

Was regular contact made by employee	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no why not			

Underlying condition/illness

Is there an underlying condition/illness for this period of absence	Yes <input type="checkbox"/> No <input type="checkbox"/>	For other periods of absence	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please confirm what it is			

Work covered

What work/meetings were missed			
Was the line manager informed of priority work to be covered		If yes how as this work covered	

Employee signed		Date	
Interviewer signed		Date	

Appendix C



Gangmasters & Labour Abuse Authority

Fit Note Review Form

This form must be used for employees who have either:

- provided a fit note from their GP which states that for their absence they **may be** fit for work, or
- have been absent for more than 8 days, or
- have provided a fit note from their GP which states that for their absence they are not fit for work

If the Fit note from the GP does not cover the first 8 days absence, Sections 1 & 3 must be completed on the Self-Certification form and included with this form.

Please set the next review date in the initial meeting with the employee and record the date in Section 3.

Section 1

Surname	First Name

Title	
Team	
Line Manager	

Section 2

Review of Fit Note

Interviewer	Interview Date
-------------	----------------

Reason for review (<i>Please include GP's recommendation</i>)
Dates Absent from work (if applicable)
a) What view does the employee have on the GP's recommendations?
b) What options can be recommended for the employee?
C) What are the agreed hours/days/amended duties/workplace adaptations to be put in

place?
d) How long do the amendments need to last for?
e) What has been agreed to be said to the team/colleagues?
f) What impact will this have on colleagues/team? What work/duties need to be passed over to colleagues?
g) Actions arising and any other comments

Section 3

Review date of amendments:
Additional information:

Interview's signature:
Employee's signature:
Date:

Guidance Notes

The Fit Note is designed to give information about the employee on whether they can return to work despite their illness or injury. The new Fit note will include the following recommendations from the employee's GP:

Phased Return to Work

- A GP may recommend this where they believe that the employee may benefit from a gradual increase to their normal working hours over an agreed period of time i.e. if an employee is full-time they may commence working 4 hours a day for the first week and increase this by an hour each week until they are back to their normal hours.

Altered hours

- A GP may recommend this where they believe that the employee may benefit from a change to the hours they work, but not necessarily mean fewer working hours i.e. providing the option to start (and/or leave) later.

Amended duties

- A GP may recommend this where they believe that the employee may return to work but with amended duties to take into account their condition i.e. reducing or removing a more pressured part of a job role.

Workplace adaptations

- A GP will recommend this where they believe the employee may return to work but with some adaptations to their workplace i.e. a parking space nearer to the office for recovery from post-surgery.

The interview needs to be take place as soon as the employee has been issued with the Fit Note from their GP. Line Managers need to discuss with employees to establish the amendments that need to be made. A discussion will need to take place to find out the employee's views on the GP's recommendations and then further options need to be discussed.

If the line manager and individual work remotely from each other i.e. working at home or at different locations, the interview can be conducted over the telephone. The tone of the interview should be compassionate and sensitive, focusing on the needs of the employee as well as the needs of the GLAA.

The employee and line manager need to agree on a date to review the amendments made and this should take place half way through the dates given on the Fit Note by the GP.

There are instances when the reason for illness may be of a sensitive nature, and the line manager needs to clarify and agree with the employee on what information is to be communicated to the team/colleagues they work with.

- In some cases an individual may be reluctant to discuss an illness of a personal and/or distressing nature and there should be sufficient flexibility available for the discussion to be held with someone other than the line manager e.g. same gender manager, senior manager, or HR. The location of the discussion should have regard for privacy. An individual has the right to confidentiality that must not be breached. They do not need to discuss in detail the reason for any absence that they consider sensitive. However, the broad reason for absence must be made known to the GLAA via their medical certificate.

The form is intended as a guideline for line managers who are conducting the interviews. If the line manager is unsure of any actions that need to be taken, please discuss this with HR. The form should be completed as the meeting progresses, signed off by both parties and sent to the HR department in line with Data Protection legislation.

Appendix D

NOTIFIABLE DISEASE

- Acute encephalitis
- Acute poliomyelitis
- Anthrax
- Cholera
- Diphtheria⁴
- Dysentery
- Food poisoning
- Leptospirosis⁵
- Malaria
- Measles
- Meningitis (all types)
- Meningococcal septicaemia (without meningitis)⁶
- Mumps⁷
- Ophthalmia neonatorum
- Paratyphoid fever⁸
- Plague
- Rabies
- Relapsing fever
- Rubella
- Scarlet fever
- Smallpox⁹
- Tetanus
- Tuberculosis
- Typhoid fever¹⁰
- Typhus fever
- Viral haemorrhagic fever
- Viral hepatitis (all types)
- Whooping cough¹¹
- Yellow fever