

Managing Sickness Absence



Please complete the table below:

To be added by corporate team once policy approved and before placing on website

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Responsible Executive Director:	Deputy Chief Executive / Chief Finance Officer
Author and Job Title:	HR Manager/HR Business Partner
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Approved by:	Deputy Chief Executive / Chief Finance Officer
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	Yes/No/NA	Supporting information
Has an Equality Impact Assessment Screening been completed?	Yes	
Has the review taken account of latest Guidance/Legislation?	Yes	
Has legal advice been sought?	No	
Has HR been consulted?	Yes	
Have training issues been addressed?	Yes	
Are there other HR related issues that need to be considered?	No	
Has the policy been reviewed by JCC?	Yes	Staff Partnership Forum
Are there financial issues and have they been addressed?		
What engagement has there been with patients/members of the public in preparing this policy?	None	Internal
Are there linked policies and procedures?	Yes	Disciplinary Policy Appeals Policy Flexible Working Health and Well-being Secondary Employment
Has the lead Executive Director approved the policy?	No	
Which Committees have assured the policy?	No	
Has an implementation plan been provided?	No	
How will the policy be shared with: <ul style="list-style-type: none"> • Staff? • Patients? • Public? 	Yes	Internally
Will an audit trail demonstrating receipt of policy by staff be required; how will this be done?	Yes	

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Managing Sickness Absence

1. Introduction

Bristol, North Somerset and South Gloucestershire Commissioning Group (BNSSG CCG) recognises that on occasions employees may feel unwell or suffer from a serious health condition which may prevent them from being able to fulfil their duties or attend work. The CCG aims to offer support throughout these periods, treating people appropriately and with sensitivity. Whilst the CCG aims to address sickness absence in the work place through adopting a fair monitoring and review system, it also aims to create a healthy workplace.

This policy and procedure covers the management of health and sickness issues for all employees. Specifically this covers the responsibilities of the CCG, managers and employees in promoting good health and in managing sickness and sickness absence both where there is and is not an underlying health cause. The CCG is committed to supporting its employees in achieving satisfactory attendance, via the application of this policy whilst respecting the employee's dignity and privacy.

2. Purpose and scope

The purpose of this policy is to assist managers and employees to maintain an optimum level of attendance at work. It also ensures that non-attendance due to sickness is managed effectively and that employees who are absent due to illness are treated fairly and sensitively.

This document clarifies the roles and responsibilities of both managers and employees, and highlights the consequences of failing to follow the procedures included in the policy

This guidance is in line with current legislation which pertains to absence management specifically the Equality Act (2010).

The aims of the policy are:

- To promote health and well-being of the workforce.
- To ensure that staff are treated fairly, consistently and sensitively.
- To positively support staff who are absent due to sickness or disability.
- To provide managers with a framework for dealing with sickness absence.
- To ensure that all staff are fully aware of their obligations (including reporting requirements) both under the provisions of this policy and their terms and conditions of employment.
- To ensure that non-attendance due to sickness has minimum impact on the CCG's overall performance

The CCG recognises that everybody is sick or subject to emergencies from time to time, however regular attendance at work is a contractual requirement.

Short-term absenteeism refers to a series of illnesses, often unconnected, which result in frequent, short periods of absence. The appropriateness of referral to the CCG occupational health provider will be discussed between the individual, their line manager and if necessary, a HR representative.

It is acknowledged that occasions do arise when people are away from work on a long term basis as a result of chronic or acute ill health. Although each case will be dealt with on an individual basis this policy outlines certain principles that should be observed.

In dealing with any sickness absence cases, managers must be mindful of obligations that they and the organisation may have under the Equality Act 2010. In identifying whether or not an employee is covered by the Act advice will be sought from appropriate medical professionals. See section 6.

Advice should be taken from Human Resources at all formal stages of this procedure to ensure the consistent application of this procedure throughout the CCG.

Employees have the right to be accompanied by a Trade Union representative or work colleague in all formal discussions with management about their absence.

3 Forms and Policy

All relevant forms are located on the BNSSG ConsultHR Portal and not attached to this policy.

A copy of this policy is given to a member of staff as soon as the policy is evoked so there is no confusion about the how the policy will be applied.

4 When should the Capability, Disciplinary or Sickness Policy be used?

When dealing with issues of poor performance and sub-standard work, managers need to recognise that a distinction can often be made between negligence, a lack of ability and ill health or disability. There are firm guidelines in the Disciplinary, Capability and Sickness policies to enable Managers to clearly distinguish between Standards of Behaviour, Conduct and Negligence and Poor Performance therefore the correct policy needs to be identified to support and manage employees.

A summary is provided below to help identify the correct policy to use:



(a) Disciplinary procedures will be considered when an employee's standard of work, conduct or behaviour is unsatisfactory.

(b) In poor performance cases where the reason is not within the control of the employee, e.g. due to lack of ability, inadequate training or lack of experience, this will be dealt with under the CCG's Capability Procedure.

(c) In cases of sickness absence, either repeated episodes of short term absence or long term sickness absence, the CCG's Sickness Absence Management procedure should be used.

However there may be times that no one policy applies as ill-health may affect performance and those employees being dealt with under the Performance and Capability Policy may go sick as a result. Therefore it is recommended to manage any case with both policies in mind.

5 Definitions - Types of sickness absence

For the purpose of this Policy, a distinction has been made between short -term and long-term sickness absence. These have been defined as follows.

Short Term/Intermittent – is normally frequent intermittent sickness absences usually for individual periods of absence of less than four weeks duration.

This is an episode of sickness absence that lasts less than 4 weeks

Long Term – relates to a situation where the employee either is absent for 4 weeks or more or has had recurrent periods of time absent from work with a serious or underlying health problem.

This is an episode of sickness absence that lasts for 4 weeks or more. Or a series of shorter absences related to the same health issue which collectively last longer than 4 weeks.

Sickness during Pregnancy

Sickness absence during the latter stages of pregnancy will be managed in line with the organisations Maternity Policy.

6 Employees with disabilities

The Equality Act 2010 states that a disabled person is someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day to day duties.

When dealing with sickness consideration should be given to the possibility that the individual may have an underlying physical or mental disability. Advice should be sought from the HR team.



Whilst the Equality Act 2010 defines a disability as above, it is recommended to seek evidence of an employee's disability so this can be managed appropriately. Evidence may be through the employee's declaration, their GP/Specialist or the Occupational Health Provider.

At each stage of the sickness absence meetings procedure set out in this policy, particular consideration will be given to whether there are reasonable adjustments that could be made to the requirements of a job or other aspects of working arrangements that will provide support at work and/or assist a return to work. Reasonable adjustments will only be made to the job or other aspects of the working arrangements if advised by the occupational health provider. However the CCG can review making reasonable adjustments wherever reasonable practicable during at part of this policy to enable an employee to attend and stay in employment.

The HR Department should be contacted for advice in the first instance. Outside agencies may also be able to assist. For example, Job Centres, through Access to Work, offer support to individuals with disabilities; including transport to work and specialised equipment. The Shaw Trust may also provide assistance in providing modifications, adaptations and specialised equipment to help employees with disabilities in continuing to work.

The employer has a duty to make reasonable adjustments to its premises and practices to accommodate a disabled person where any arrangements or physical features of the premises cause a substantial disadvantage to them compared to a non-disabled person. Steps must be taken where reasonable to take into account all the circumstances in order to prevent that disadvantage. Examples of reasonable adjustments are as follows: -

- Re-allocation of duties.
- Transfer to other work where a vacancy exists.
- Change in working arrangements, place of work.
- Time off for rehabilitation, assessment and treatment.
- Providing or arranging training.
- Acquiring or modifying equipment.
- Adjustments to premises

Managers must make sure that the disabled employee is included in conversations regarding reasonable adjustments and to ask them what adjustments they think they need. Managers should not however expect disabled people to be experts on the adjustments they need. If the person has been working recently they might have a good idea about what works for them. If, however, the person has a newly acquired disability or hasn't been in work recently they are unlikely to know what is available or possible in the workplace and further advice should be sought from HR and Occupational Health as necessary.



An employee with a disability may be more liable to take time off because of their disability and it is reasonable for an employer to expect this and help them to manage their attendance and disability. Any attendance targets should reflect this, while still taking into account the continued operation of the organisation and delivery of patient services. Appropriate attendance targets for employees with a disability will be discussed with the occupational health provider.

If an employee with a disability has absences that are not related to their disability, in any way, then their absence should be managed in the same way as any other employee. It is useful for Occupational Health to confirm whether an employee has a disability as defined under the Equality Act.

7 Health appointments during work time

There is no automatic right to paid time off for pre-planned appointments such as for the doctor, dentist or hospital. Employees are expected to arrange these appointments outside of working hours, where this is not possible they will need to speak to their manager who will consider every case on its own merits. Staff may be able to make the time up or use time owed in lieu as an alternative to booking leave or taking the time as unpaid

8 Planned Sickness Absence

If it is known in advance that an employee is going to be taking sick leave, for instance due to planned surgery, then the manager will make arrangements with the employee, prior to their absence, to make future contact with them on an agreed date.

This planned surgery is usually known well in advance and the employee should provide evidence of this surgery to the Line Manager and complete the Planned Sickness Absence Pro-forma. The Line Manager will note the absence dates and discuss with the employee the submission of a Fit Note to cover this period of absence.

It will be noted that this period of absence will not automatically trigger the CCG;s sickness triggers in accordance with this policy.

The purpose of the manager making contact at this time is to determine how the employee is and when the likely return to work will be. The manager should consider making a referral to Occupational Health (OH) for a health assessment prior to a return to work following surgery. This will involve discussing any suitable work adjustments and their implementation.

Absence for planned elective medical treatment, which is for cosmetic reasons alone, must be taken as annual leave and not sick leave. Where planned medical treatment has both a cosmetic and health improvement purpose, absence should be reported as sick leave.



Employees who choose to have cosmetic surgery for rejuvenation/appearance enhancement as opposed to physical or mental health requirements will not be entitled to have the time off as sickness absence. Annual leave should be planned and arranged to accommodate this type of cosmetic surgery.

9 If an employee cannot attend work due to illness

If an employee cannot attend work because they are ill or injured they should report their sickness absence themselves, where reasonable, (not a third party) to the employee's direct line manager (or nominated person if the line manager is unavailable). Email and text messages are not an acceptable way of communicating sickness absence. The employee should telephone their line manager as early as possible and if practicable prior to commencement of their normal contractual start time. All sickness absence should be reported within one hour of employees contractual start time. The following details should be provided:

- The nature of their illness or injury
- The expected length of their absence from work
- Contact details
- Any outstanding or urgent work that requires attention

Managers should ensure that:

- Any sickness absence that is notified to them is recorded and updated on the relevant payroll absence forms.
- Arrangements are made, where necessary, to cover work and to inform colleagues (while maintaining confidentiality).

Employees should expect to be contacted on the first day of their absence by their line manager if contact has not been made. The line manager has a duty of care, and contact will be made for assurance of an employee's wellbeing and to provide advice to facilitate their recovery. Employees will be asked for their expected return date and employees are required to telephone their line manager on a daily basis within the first 7 calendar days of absence until a doctor's Statement of Fitness to Work is confirmed as received by the line manager, unless agreed otherwise by the line manager.

If the employee is ill or injured during a period of pre-arranged annual leave it is permissible to treat the days of incapacity as sickness absence instead of annual leave, subject to the employee providing a medical certificate which covers the full period of sickness at their own expense. It is only on receipt of a valid medical certificate for the full period of incapacity that they will receive payment of occupational sick pay.



10 Duties and responsibilities

All those who have access to personal information relating to sickness absence have a general responsibility to ensure that this information is treated in a confidential manner in accordance with the Data Protection Act 1998.

Managers

The control and management of absenteeism is a management function. Each manager is responsible for managing absenteeism for the staff that are accountable to them, and for treating employees who are ill in a sensitive, fair and consistent manner.

Managers will, therefore:

- Identify early warning signs at work that might prevent sickness (i.e. stress, incidents at work).
- Implement adjustments recommended by HR and Occupational Health that are feasible and reasonable in view of service delivery, into the workplace to help individuals attend work and review them as and when required.
- Apply the principles of the Sickness Absence Policy fairly and sensitively.
- Ensure that members of staff fully understand the departmental notification of sickness absence procedures.
- A copy of this policy is given to a member of staff as soon as the policy is evoked so there is no confusion about the how the policy will be applied.
- Ensure that the importance of this policy is emphasised and that all staff are made fully aware of the policy and their obligations under it.
- Ensure, in conjunction with Health and Safety advice that acceptable physical working conditions are in place and that health and safety standards are properly maintained.
- Ensure that where a member of the team is absent on long-term sickness, they will maintain informal contact and offer possible support appropriate to the individual circumstances.
- Monitor the attendance of members of staff for whom they have responsibility.
- Accurately and regularly submit the necessary sickness information including dates and reasons for absence to the CCG individual responsible for the payroll submissions. If an employee goes home unwell from work the number of hour's absence should be recorded.
- Maintain accurate records of sickness absence locally.
- Ensure that sickness absence is never ignored.
- Endeavour to find out the cause of absences, but only in general terms.
- If an employee contacts their manager and states that they are fit to return to work, the manager will be expected to carry out a return to work meeting on the day that the employee returns to work and if necessary discuss whether the employee needs to be referred to Occupational Health. If necessary a discussion may also need to take place if the employee's sickness absence gives cause for concern and needs to be monitored informally in line with this policy.

- Managers will carry out regular return to work meetings as part of sickness absence management and complete the return to work paperwork within 3 days of carrying out the return to work meeting.
- Conduct risk assessment exercises when appropriate and when recommended by the Occupational Health Department.
- Keep the HR Department well informed of those who are on long term sick or who have a large amount of short term sickness periods.
- Ensure a final review meeting always takes place before a member of staff is due to enter nil pay.
- Meet formally with the employee to offer support and set attendance targets as and when appropriate in line with this policy.
- Ensure employees are aware of the Health and Wellbeing Policy and actively promote this policy.
- If applicable, support the rest of the Team if they are affected by the employees' absence/situation.

Employees

Employees are expected to demonstrate a commitment to the CCG, and to effectively discharge the obligations of their contract of employment, by regular attendance at work.

Employees are, therefore expected to:

- Ensure that they have read and have fully understood the provisions of this policy.
- Take all reasonable steps to keep themselves in a good standard of general health including ensuring that all appropriate vaccinations and immunisations are taken. To familiarise themselves with the CCG Health and Wellbeing Policy.
- Not attend work if unwell or unfit if in so doing they would affect their health and/or the health of others.
- Comply with all departmental procedures for notifying their manager that they are not fit for work. This should be done on the first day of sickness absence, within an hour of their usual starting time. The reporting of sickness absence should be done verbally by the employee themselves, where reasonable, (not a third party) to the employee's direct line manager (or nominated person if the line manager is unavailable).
- Complete a self-certification form (within three days of returning to work if their period of absence was of 7 calendar days or less. This form must be completed and signed by the employee and line manager and kept by the Line Manager. Sick pay will not be paid without a self-certification form as absence will be deemed as 'unauthorised'.
- If a period of sickness absence lasts, or is due to last, for 8 calendar days or more, the employee must provide a GP/hospital fit-note signed by themselves and a registered medical practitioner. If the employee continues to be absent due to sickness they must continue to submit fit-notes to cover the duration of the period of absence. Fit-notes must be submitted before the expiry of the



previous fit-notes. Failure to supply a self-certification form or a fit-note covering the entire period of absence will result in unauthorised absence and pay will be withheld accordingly.

- Backdated fit-notes will not be accepted.
- Employees must inform their manager at the earliest opportunity if they are feeling fit to return to work.
- Throughout a period of sickness absence it is the employee's responsibility to keep their line manager updated on their current situation i.e. if their condition is becoming worse, if their expected return to work date is going to change.
- Whilst off sick, refrain from any activity (e.g. domestic, social or sporting) that may be prejudicial to recovery.
- Not undertake work with another employer during the period of sickness.
- Not use annual leave when unwell in order to avoid absences being recorded as sick leave.
- Attend and actively participate in return to work meetings and sickness review meetings when required to do so.
- Immediately inform the relevant manager or nominated person if they think their sickness absence is work related, for example: as a result of an incident or accident at work or if you have come in to contact with an infectious disease. They should also complete an incident form.
- Attend an Occupational Health appointment if reasonably requested by the relevant manager. This may be whilst they are off sick or at any time if the manager is sufficiently concerned about their wellbeing.
- The employee is expected to inform the Occupational Health professional of the full details of their condition. Failure to disclose all relevant information may affect the advice provided by the Occupational Health professional and may impact on the support the CCG can provide. Failure to disclose all relevant information, without substantial mitigating reasons may be viewed as gross misconduct and the matter investigated further under the CCG's Disciplinary Policy. Medical information will not be released by OH to Human Resources or line managers without the employee's consent. If the employee would prefer to discuss a piece of information with HR in the first instance, rather than Occupational Health they are encouraged to do so.
- Employees are expected to cooperate with requests from Occupational Health to obtain information from relevant clinicians (GP or hospital consultants). This will enable Occupational Health to provide relevant and accurate advice regarding support for the employee.
- Employees should inform their manager when an occupational health appointment has been arranged to ensure the manager can support them; for instance ensuring they have time off from work to attend
- If an employee does not attend an appointment for Occupational Health after having 2 opportunities to do so, the CCG will have no alternative other than to manage their sickness absence with no advice or guidance from the Occupational Health provider.
- Follow the advice and support measures given by Occupational Health, the relevant manager and the HR Department, which will facilitate a return to work.



- Employees must not falsely claim occupational or statutory sick pay and any false claim may be construed as fraudulent activity and investigated by the Local Counter Fraud Service.

The Human Resources Department will:

- Oversee the introduction, operation and monitoring of the policy and will report on sickness absence levels on a regular basis.
- Ensure the provision of training, guidance and support for managers on the operation of the policy.
- Ensure the provision of regular and accurate information on sickness absence levels/trends to line management and identify problem areas and appropriate solutions.
- Provide advice and guidance to managers on the Management of Sickness Absence Policy and its application.
- Assist managers in the handling of sickness absence issues.
- Assist and provide appropriate support and information to employees who are applying for ill-health retirement and other aspects of early retirement
- HR can attend stage 1 formal sickness meetings if necessary; however HR will be present at stage 2 formal sickness meetings and stage 3 hearings.
- At stage 3 hearings HR will be present to provide support to the line manager and the dismissing officer.

Occupational Health will:

- Provide a reporting service for managers in respect of employees with sickness absence issues following a management referral.
- Offer advice on appropriate help and support to employees to improve attendance levels, improve employee's health and assist their return to work where appropriate.
- Assess the need for re-deployment and/or rehabilitation of employees with health problems and provide the necessary advice guidance and support.
- Advise managers on what reasonable adjustments might be necessary to facilitate a return to work and/or comply with the Equality Act.
- Assess the likely return to work date of an absent employee.
- Provide medical support, as appropriate, to employees who are retiring on health grounds.
- Advise on the need to exclude employees from duty due to contact with a notifiable and/or infectious disease.

Trade Union Representatives (as applicable) will:

- Support the fair and equitable application of this policy and represent their members at any stage of the formal procedure if requested.
- Ensure that sickness absence is being managed in line with this policy.
- Support appropriate efforts to reduce sickness absence.
- Support appropriate efforts for a successful return to work of those employees who have been absent due to sickness.



- Respond in a timely manner to requests for their availability or to acknowledge attendance at meetings.
- Negotiate a mutually agreeable date to attend meetings within ten working days, from the point of request, except in exceptional circumstances.
- Support employees who are members of a Trade Union at the formal stages of the sickness absence process.

The Payroll Provider will:

- Ensure that the HR Department, line manager and employee are notified in a timely manner when an employee is going to enter a half or no sick pay situation and ensure that the employee's sick pay is correctly and accurately administered.
- Withhold pay if an employee's period of sickness absence has not been certified by a self-certification form or GP's fit-note.

The Employee Assistance Programme Service

- There is a free service available to all employees.
- The service is completely confidential.
- Information regarding the counselling service can be obtained through contacting the HR department.

NB Staff do not need to be referred to occupational health before accessing the any EAP services

11 Sick Pay Entitlements

These arrangements are intended to supplement statutory sick pay to provide additional payment during absence due to illness, injury or disability.

There are certain conditions attached to the payment of contractual sick pay and these can be located in the national agenda for change handbook section 14.

Your sick pay is calculated according to your NHS continuous length of service. If you are absent from work owing to illness you will be entitled to receive sick pay in accordance with the scale below:-

- During the first year of service – one month's full pay and two months' half pay in a rolling 12 month period.
- During the second year of service – two months' full pay and two months' half pay in a rolling 12 month period.
- During the third year of service – four months' full pay and four months' half pay in a rolling 12 month period.
- During the fourth and fifth years of service – five months' full pay and five months' half pay in a rolling 12 month period.
- After completion of five years' service – six months' full pay and six months' half pay (maximum entitlement) in a rolling 12 month period.



If an employee is already in a half or nil pay situation and they return to work the manager must notify the payroll provider via the HR Team, so that the employee is paid correctly on their return to work.

Occupational sick pay will not be paid for cosmetic surgery unless it is deemed necessary on medical grounds by Occupational Health or a GP. Consideration to grant annual leave or unpaid leave should be given by the manager when the surgery is not due to medical grounds. In the unfortunate event that there are complications after the cosmetic surgery resulting in the member of staff being unfit for work for longer than normal (i.e. post-surgery infection) then normal occupational sick pay will apply for the excess recovery period subject to discussion with the CCG..

12 Certificates - Providing evidence of incapacity

For sickness absence of any period of up to seven calendar days' employees must complete a self-certification form which is available. For absence of more than a week employees must obtain a certificate from their doctor (a "Statement of Fitness for Work") stating that they are not fit for work and the reason(s) why. This should be forwarded to the line manager as soon as possible. If absence continues, further medical certificates must be provided to cover the whole period of absence. Failure to provide a valid medical certificate may result in sick pay being suspended and the absence recorded as unauthorised and therefore unpaid.

13 Sickness during periods of annual leave

If an employee falls sick during a period of annual leave either in this country or overseas, and the period of incapacity seriously interrupts the period of leave, then they may count the absence as sick leave provided they –

- Notify their line manager either in writing or by telephone at the earliest opportunity, in line with organisation/departmental procedures and no later than the fourth continuous day of illness; and
- Provide a statement by a qualified medical practitioner; the statement should cover the period of the illness and the nature of the illness

14 Medical Appointments

Where possible, employees should make appointments with a doctor, dentist, Hospital appointments or other health professional outside their normal working hours. Where this is not possible, they should be made at a time which will result in the least impact on the service and should attend work before and after their appointment. For any appointment in working time, staff will be required to use lieu



or flexitime (if applicable), make up the time or take annual leave by agreement with the manager.

Should medical or hospital appointments become so regular as to result in significant, regular absence from the workplace with a noticeable impact on an employee's ability to meet the expectations of both their contracted hours and their role, after seeking advice from Human Resources and Occupational Health, managers have the right to explore either a temporary or permanent reduction in the employee's contracted hours.

When the appointments become more frequent or the employee has a disability and is required to attend regular appointments (i.e. regular physiotherapy/ attending on-going treatment) the individual should advise their Line Manager in advance of the appointments. The manager shall consider reasonable adjustments to accommodate the disability related requirements including variation of working hours, or using a combination of unpaid and annual leave or paid time off to attend appointments.

Medical or dental emergencies requiring urgent, unforeseen medical or dental attention are likely to fall within the remit of sickness absence, as are cases where the employee is to be admitted to hospital as an inpatient, for example to undergo an operation. In this case, this will be recorded in accordance with sickness absence reporting.

15 When might you want to work from home whilst off sick

There are three main reasons why you might work from home whilst off sick:

- The fit note provides options for you to continue working in a different capacity instead of going off sick entirely.
- Working from home may be used as part of a rehabilitation programme and as a preliminary step towards you returning to work after an accident or illness.
- As part of a 'reasonable adjustment' under the Equality Act 2010 when it has been agreed that working from home is necessary.

The type of illness from which you are suffering will have an impact on whether working from home is appropriate. For example, if you were suffering from mental illness or a severe bout of flu, you would be unlikely to function sufficiently well to do your work, whereas if you were in the latter stages of recovery from a broken bone you would probably be able to sit and work.



The CCG do not encourage working from home whilst sick. If an employee has reported to their Manager that they cannot attend work due to sickness, there should be no expectation that the employee performs their duties and undertakes work and the absence will be recorded as sickness and not as working from home, as this can help mask a real issue with an individuals' attendance record.

16 Secondary Employment

Employees must seek guidance initially from their Line Manager, regarding the prospect of continuing their secondary employment where they are unfit for work with their primary CCG role. Working elsewhere whilst on paid sick leave from the CCG, without having obtained permission from the CCG beforehand, could be regarded as fraud, and/or a disciplinary matter and dealt with accordingly. Employees would normally be required to refrain from their secondary employment if they are on sick leave from the CCG and the secondary work is of:

- The same nature
- A similar nature; or
- Where attending their secondary employment would be detrimental to their recovery.

Where an employee is absent from CCG duties due to sickness absence, but nevertheless feels that they are able to carry on working in their Secondary Employment, the Occupational Health Department must be informed of the reasons for this disparity in working arrangements by the employee together with a clear diagnosis of the cause of sickness absence.

17 Keeping in contact during sickness absence

If an employee is absent on sick leave they should expect to be contacted from time to time by their line manager in order to discuss their wellbeing, expected length of continued absence from work and any of their work that requires attention. Such contact is intended to provide reassurance and will be kept to a reasonable minimum. The regularity and frequency of this contact should ideally be agreed by the Line Manager with the employee

If employees have any concerns while absent on sick leave, whether about the reason for their absence or their ability to return to work, they should feel free to contact their line manager at any time.

18 Hold a return-to-work interview with the employee

If an employee has been absent on sick leave, after every period of absence the line manager will arrange for them to have a return-to-work interview. This interview enables the line manager to confirm the details of the employee's absence. It also



gives the employee the opportunity to raise any concerns or questions they may have, and to bring to attention any relevant matters.

At the return to work interview the line manager will advise if the employee is at risk of triggering the formal sickness absence triggers. If the Sickness Absence Triggers are triggered, the sickness absence process will be followed and the employee will be invited to an informal sickness absence meeting. The line manager will document the details of this meeting and provide the employee with a copy of this.

19 The right to be accompanied

The employee has the right to be accompanied by a Trade Union Representative or a work colleague, at the formal stages of the process, although the process should not be unreasonably delayed due to the unavailability of an appropriate representative. When writing to an employee, the same information should be sent to their representative if known. It is the responsibility of the employee to contact the person that they wish to accompany them to the meeting

20 Sickness Monitoring

The manager systematically monitors all sickness absence. Details of the employee's sickness absence will be noted on a sickness absence record which is kept in the strictest of confidence and entered onto a computer database within the payroll department to ensure correct salary/wages payments are made.

All valid certificates submitted should confirm the reason for the absence, and it is not acceptable for confirm the reason as "unwell", "other", "unknown" or "undeclared".

Monitoring sickness absence helps managers to identify any work related health problems and other concerns in order that they may create a healthy workplace and manage your department efficiently for all employees.

Only true sickness absence should be recorded. If you have a problem such as a child or family member who is sick, etc, then you should refer to the CCG's Other Leave Policy and take the appropriate carers leave. Sickness absence should not be used to cover carer responsibilities. Your manager/HR can help advise with this. Claiming statutory or occupational sick pay inappropriately can result in disciplinary action and maybe deemed as fraudulent activity by the Local Counter Fraud Service.

21 Trigger Points

The CCG has a sickness absence target of no more than 3% within a rolling 12 month period. This equates to no more than 2 days/15 hours sickness absence during three



months for a full time member of staff. This should be pro rata for part time employees. This policy is designed to ensure that employees do not breach this.

Sickness absence should be managed initially informally once one of the following targets are hit:

- 3 episodes of sickness absence in six months
- An episode of sickness that lasts for more than four weeks

Monitoring of absence will over a 6 month rolling period.

22 Home Visits

In cases of prolonged absence, visits may be arranged to maintain contact with an employee. The manager must decide each case on an individual basis and in agreement with the absent employee. As a guide, absences greater than 14 consecutive days should be considered for a home visit. Human Resources can advise managers before a visit and may participate in, or carry out a visit if required.

In most cases, it is expected that the manager will be accompanied whilst visiting an employee at home, for example by HR. Care should be taken to ensure that the employee agrees in advance to the visit and a mutually convenient and venue is agreed. This policy does not apply to personal visits from friends.

23 When to hold a Sickness absence meeting

This procedure will be applied when:

- the Sickness Absence Triggers have been reached; and/or
- the employee has discussed matters at a return to work interview that require investigation; and/or
- there is a general concern about levels of absence and performance/capability; and/or
- the employee is on long-term sickness absence

Unless it is impractical to do so, employees will be given 5 days written notice of the date, time and place of a sickness absence meeting.

Any concerns about sickness absence and the basis for those concerns will be put in writing and advised why the meeting is being called.

The meeting will be conducted by the employee's line manager and the employee will be advised of their entitlement to be accompanied at the meeting. Employees are not entitled to be accompanied at informal sickness meetings. This meeting would



follow any concern regarding the level of absence of an employee and the return to work meetings would have highlighted this.

24 Terminal Illnesses

There are special provisions in the NHS Pension Scheme for terminal illnesses, which are designed to make a person's circumstances as comfortable as possible in such difficult times. Early advice should be sought from the Pensions Department and information is available on www.nhsbsa.nhs.uk/pensions



PART A - SHORT TERM ABSENCE

25 Procedure for Managing Short Term Sickness absence

(Appendix A – Flow Chart)

Informal Sickness Process

The manager should arrange an informal sickness meeting with the employee, if they have hit the triggers as detailed above.

During the meeting the manager and employee should discuss the reasons for the absences and identify if there is any further support the employee requires or any temporary adjustments that can be made. This could include a temporary change to working hours/times, a temporary reduction in hours of work, a temporary change to work duties or re-allocation of work within the team.

The manager should make the member of staff aware that if they have more than 2 days sickness absence during the next three months they will have to proceed to managing their sickness absence in line with the formal stage of the sickness policy.

If considering moving to the formal stage 1, the manager and employee should discuss whether it is necessary to refer the employee to Occupational Health. If the reason for absences is due to minor ailments an Occupational Health referral is unlikely to be necessary.

If the member of staff's attendance improves during the three months, they will be removed from the informal stage of the policy. However if their sickness absence continues to give cause for concern, i.e. they have had more than 3 further occasions of sickness absence during the following 6 months they will be managed in line with the formal stage of the policy.

Sickness absence will be monitored on a 6 month rolling basis following removal from each stage of the policy, if the target is successfully met.

Stage 1 Sickness Absence Meeting

(Appendix B – Flow Chart)

The manager should arrange a formal sickness meeting with the employee. The employee can be accompanied at this stage of the policy by a Trade Union Representative or a colleague not acting in a legal capacity. The purpose of the meeting is to inform the employee of the results of the Occupational Health assessment if a referral has been made and to discuss how the employee can achieve an acceptable level of attendance.



If Occupational Health advise that the recurrent absences are due to an underlying health condition, the line manager should seek further advice on what level of sickness absence they can reasonably expect. They should then consider what reasonable adjustments (either temporary or permanent) can be made, if any, to facilitate the employee meeting the attendance target of no more than 2 days sickness absence during three months (pro rata for part time employees).

This could include:

- Change in working patterns
- Reduction in hours
- Alteration of duties

In exceptional circumstances the line manager may consider adjusting the expected attendance target in light of the underlying health condition in question, subject to clear occupational health advice and guidance. Such action should be discussed with Human Resources and then recorded to ensure a consistent and equitable approach is being taken across the CCG.

At the end of the meeting an attendance target will be set. This target will be no more than 2 days sickness absence during the first three month period. If this target is not breached the monitoring period will be extend with a further target of no more than 2 days sickness absence during the second three month period.

This should be confirmed to the employee in writing following the meeting.

Guidance on how to conduct this meeting and a template letter can be obtained from HR.

At the meeting the employee will be given a first written warning that if they fail to achieve this attendance target during the first review period their sickness absence will continue to be monitored in line with Stage 2 of the policy. This warning will remain current on their file for 12 months.

Should the employee breach their sickness target before the end of the six month period (3 months plus a further 3 months) the employee will be moved straight to the next stage of the policy.

If the employee makes the required improvement after six months at Stage 1 of the sickness monitoring process:

The formal process will stop. The employee's attendance will continue to be monitored as with all other employees. However if there is a repeated breach of the attendance targets within 12 months of achieving the target set at the first formal meeting at stage 1, the formal procedure will recommence at stage 2 - Second Formal Sickness Meeting.

The employee should be advised of the above in a formal review meeting at the end of the six month review period. Guidance for how to conduct the formal review meeting can be obtained from HR.

If the employee fails to make the required improvement after six months or less at Stage 1 of the sickness monitoring process:

The process will move on to stage 2 of the sickness absence policy, the second formal sickness meeting.

Stage 2 – Second Formal Sickness Meeting

(Appendix C – Flow Chart)

Should the target set in the Stage 1 meeting be breached, a second formal sickness meeting should be set up as soon as possible after this breach. In advance of the meeting the employee should be referred to Occupational Health if necessary.

The manager should arrange a second formal sickness advisory meeting with the Employee. The employee can be accompanied at this stage of the policy by a Trade Union Representative or a colleague not acting in a legal capacity. The purpose of the meeting is to advise the employee that they have breached their attendance targets, to inform them of the results of the Occupational Health assessment (if a referral has been made) and to discuss how the employee can achieve an acceptable level of attendance.

If the Occupational Health referral reveals there is an underlying health condition causing the short term recurrent absences, adjustments should be considered and discussed in relation to the working environment and target.

At the meeting a further attendance target will be set. Again this target will be no more than 2 days sickness absence during the first three month period. If this target is not breached the monitoring period will be extend with a further target of no more than 2 days sickness absence during the second three month period.

The employee will be given a final written warning that if they fail to achieve this attendance target during the review period there will be a further meeting at which their employment may be terminated. This warning will remain current on their file for 24 months. Guidance on how to conduct this meeting can be obtained from the HR department.

The issuing of the warning and the contents of the meeting should be confirmed to the employee in writing following the meeting.

Should the employee breach their sickness target before the end of the six month period the employee is likely to be moved straight to the next stage of the policy.

If the employee makes the required improvement after six months at Stage 2 of the sickness monitoring process:



A formal review meeting should be arranged in which the employee is advised that the formal process will now stop. The employee's attendance will continue to be monitored as with all other employees.

However if there is a repeated breach of the attendance targets stipulated while the formal written warning remains live, the formal procedure will recommence at stage 2, following further Occupational Health advice or GP if appropriate. A second final written warning will be issued and will remain current on file for 24 months from the date of the meeting.

If an employee should breach the attendance targets stipulated in section 19 and they have already been issued with two formal written warnings, they will move straight to Stage 3 of the sickness absence process.

If the employee fails to make the required improvement after six months or less at Stage 2 of the sickness monitoring process: The process will move on to stage 3 of the sickness absence policy and a formal sickness hearing will be held.

Stage 3 – Formal Sickness Hearing

(Appendix D – Flow Chart)

Should the target set in the Stage 2 meeting not be met, the line manager should refer the employee to Occupational Health. The line manager should then refer the matter to the dismissing officer for the employee concerned, who will seek support from the Human Resources Department.

The Dismissing Officer will be a member from the CCG's Executive Team

A Stage 3 Formal Hearing should be set up by the dismissing officer as soon as possible after the target breach, to which the affected employee and line manager should be invited.

The dismissing officer will chair the meeting and a representative from Human Resources will support the dismissing officer. The line manager, also supported by a representative from Human Resources, will present a management case detailing:

- The employee's sickness absence history
- Details of the meetings held with the employee.
- Advice received from Occupational Health.

The employee will be encouraged to be represented in the meeting by a work colleague or an accredited trade union representative.

If the Occupational Health referral reveals there is an underlying health condition causing the short term recurrent absences then adjustments may need to be considered.



If the dismissing officer concludes that the employee and the process have been managed fairly, that the required level of attendance is fair and achievable and that the employee has been given all reasonable opportunity to improve to an acceptable standard but failed to do so, they will confirm that the employee's employment has been terminated with the appropriate notice for failure to meet an acceptable level of attendance.

If the dismissing officer concludes that there are exceptional circumstances which mean that sufficient reasonable opportunity has not been given to the employee, they can set a final attendance target. The employee will be given a final written warning that if they fail to meet this target during this third review period the Stage 3 Formal Hearing will be reconvened at which point their employment may be terminated. This final written warning will remain live and current on the employees file for 24 months after the date of the hearing.

The main details discussed during the meeting and its outcome will be confirmed in writing to the employee and if applicable their representative.

If the employee makes the required improvement: A formal review meeting should be arranged between the line manager and employee in which the employee is advised that the formal process will now stop.

The employee's attendance will continue to be monitored as with all other employees.

However if there is a repeated breach of the attendance targets stipulated while the final written warning that was issued at the hearing remains live, the formal procedure will recommence at stage 3, following further Occupational Health advice if appropriate.

PART B - LONGTERM ABSENCE

26 Procedure B Management of Long Term Sickness Absence

(Appendix E – Flow Chart)

Unfit for work and occupational health referrals

If an employee submits fit-notes declaring them to be unfit for work (or fit for work subject to recommendations that cannot be accommodated) for a period of four weeks or more, they should be referred to Occupational Health. Occupational Health should be asked to advise on:

- The cause of the absence.
- The likely duration of the absence.
- If unknown, a timescale for when the duration of the absence will be known.
- Any support or adjustments that can be made to facilitate an early return to work.
- If there is anything the employee can do to improve their health and facilitate their return to work with support from their GP.

This referral should occur on receipt of the fit-note that covers the employee for a fourth week of absence. The appointment with Occupational Health should be scheduled for the fourth week of absence or as soon as possible after that date.

First Formal Meeting for Management of Long Term Absence

On receipt of this advice from Occupational Health, or on the basis of the advice from the GP, the line manager should write to invite the employee to a formal sickness meeting. If necessary, this meeting can be arranged to take place at the employee's home or at a mutually convenient location.

In this meeting the line manager can be supported by a representative from the Human Resources Department. The employee should be encouraged to be supported by a trade union representative or work colleague.

During the meeting the line manager should agree with the employee the method and frequency with which they are to remain in contact during the period of sickness absence. This should be at least once a month but can be more frequent. It can be in the form of emails, but ideally should be in the form of telephone conversations. The line manager should record the dates, times and contents of these telephone conversations.

During the meeting the line manager should also arrange when the employee will next be met with. This should be no more than two months after the first formal meeting if the employee remains absent from work.



The line manager should discuss the advice received from Occupational Health, the prospect and the timescale for the employee's return to work with the employee. The following options should also be considered and discussed:

- A return to the employee's existing post.
- A return to the workplace with reasonable controls or adjustments.
- An application for ill-health retirement.
- Dismissal on health grounds.

The contents of the meeting should be confirmed in writing to the employee within a week of the meeting.

Planning and Facilitating a Return to Work

Should the outcome of the first formal meeting be that the employee is to return to work a work plan should be agreed.

Return to Work Meeting and Setting of the Work Plan

Before the employee returns to work, the line manager should meet with them to agree a work plan. This may include dedicated time to catch up on developments that have occurred during their absence, to attend any training they may have missed out on and to re-familiarise themselves with the working environment. It may also include measures to facilitate the return to work such as restricted duties or hours for some or all of the time. The work-plan should cover at least the first week following the employees return to work and may extend up to four weeks. It may also contain goals or objectives that are to be met over the initial return period.

Consultation - Input from the Employee to the Work Plan

It is important that the employee contributes to the work plan and does not feel under pressure to take on full responsibilities before they are ready. The employee may wish to have a representative with them during the Return to Work Meeting to support them with input to the work plan. The contents of the work plan should be subject to review and the timescales of that review agreed between the line manager and employee. The line manager can also seek advice on the contents of the work plan from the Human Resources Department. The employee can share this work plan with their GP or OH to enable to return to work and where necessary recommendations can be made

Review of the Work Plan

Once the employee has returned to work, the agreed plan should be reviewed in accordance with the timescales discussed at the Return to Work meeting. The review should take the form of a meeting between line manager and employee where progress against the work plan is assessed and if necessary further developed. A review can be brought forward if there is any change in the advice received from the



employee's GP or from Occupational Health. Should there be substantial changes in the employee's circumstances, adjustments or modifications to their workplace may be required.

Completion of the Work Plan

At the end of the timescale covered by the work plan, the line manager should review the effectiveness of the plan with the employee. In exceptional circumstances the work plan may be extended. If any issues have arisen, such as a conflict between the needs of the service and the ability of the employee to completely fulfil their role, the line manager should make their Departmental Manager and the Human Resources Department aware of such issues. Human Resources should work with Occupational Health and the Departmental Manager to learn from these issues and to adjust future practice so as to avoid them.

Planning and Undertaking Workplace Controls and Adjustments

(Appendix F– Flow Chart)

Depending on the GP or Occupational Health advice received, one or more of the following options for workplace adjustments may be discussed during the first formal meeting:

Risk Assessment

A risk assessment can be conducted on the employee's work place to help identify what measures could be taken to facilitate a return to work following long term sickness or if the employee has a disability. Support with the risk assessment process can be sought from the Human Resources Department.

Risk Assessment in Relation to Disability

The employer has a duty to make reasonable adjustments to its premises and practices to accommodate a disabled person where any arrangements or physical features of the premises cause a substantial disadvantage to them compared to a non-disabled person. Steps must be taken where reasonable to take into account all the circumstances in order to prevent that disadvantage. Examples of reasonable adjustments are as follows: -

- Re-allocation of duties.
- Transfer to other work where a suitable vacancy exists.
- Change in working arrangements, place of work.
- Time off for rehabilitation, assessment and treatment.
- Providing or arranging training.
- Acquiring or modifying equipment.
- Adjustments to premises.



Managers must make sure that the disabled employee is included in conversations regarding reasonable adjustments and to ask them what adjustments they think they need. Managers should not however expect disabled people to be experts on the adjustments they need. If the person has been working recently they might have a good idea about what works for them. If, however, the person has a newly acquired disability or hasn't been in work recently they are unlikely to know what is available or possible in the workplace.

Advice should always be sought from Occupational Health in the first instance when discussing reasonable adjustments. Further advice could also be sought from the Human Resources Departments. Individuals will also be able to arrange an Access to Work workplace assessment to get expert advice if required. Access to Work is a government funded scheme for disabled people run by Job Centre Plus. It provides financial assistance towards the extra costs of employing someone with a disability. It is available to unemployed, employed and self-employed people and can apply to any job, full-time or part-time, permanent or temporary.

Further guidance concerning the application of the Equality Act is available from the Human Resources Department and Occupational Health Services.

Rehabilitation

Once the employee has returned to work they should be given access to any support that may facilitate their continued attendance. This could include:

- Occupational Health support.
- Counselling.
- Assignment of a mentor or coach.

Phased Return to Work

It may be appropriate for an employee who is returning to work following a long period of absence to have a phased return to work. A long period of absence is 4 weeks or more. This will be a reduction in hours and/or working patterns for no more than the first four weeks from the date of the employee's return or as advised by Occupational Health. The work plan should accommodate this.

Individuals will be paid full pay during their 4 week phased return to work. Should longer than 4 weeks be needed for the phased return to work annual leave should be used to supplement the phased return after the fourth week has been completed.

Redeployment

If the requirements of the employee's substantive post are such that no reasonable adjustments would make it possible for the employee to return, the employee will be placed on the CCG's redeployment register. The line manager should ask for advice from Occupational Health on the alternative posts that would be suitable for the employee.



Human Resources will identify vacancies that the employee may be suitable for. This should ideally be the same banding as the employee's substantial post, but could also be the band below. Should the employee accept a post a band below their current band no pay protection will apply.

The employee will have priority status to apply for these posts and providing there are no other candidates with such status, should be offered the post following an informal interview, provided that they can demonstrate that they meet the essential requirements of the post, or could do with a reasonable amount of training. If there are other candidates with priority status, a full selection process will need to be undertaken.

The appointing line manager may wish to offer the employee the new post on a trial basis. This trial should last no more than four weeks. Should the trial be unsuccessful, the appointing line manager should meet with the employee to outline the reasons why. The employee will then return to being on the redeployment register.

An employee will be entitled to be on the redeployment register for the duration of their notice period. Should no alternative employment be found after this time, a formal sickness hearing should be convened where it is possibly that the employee's contract will be terminated on the ground of capability due to ill health.

Ill-Health Retirement

Where the employee wishes to retire on health grounds, and this is supported by Occupational Health and/or the individual's GP (if they have access to the relevant guidance) managers, with support from the HR Department will assist staff to apply for ill health retirement. Applications for ill health are subject to approval by the medical advisors to the Pensions Agency. There is now a two tier ill health retirement system. Further details on ill health retirement are available from the NHS Pensions Agency.

Further (second) Formal Meeting for the Management of Long Term Absence (Appendix G – Flow Chart)

Should it not be possible to pursue any of the options above after the first formal meeting, a second formal meeting should be arranged for no more than six weeks after the first. The employee should be reviewed by Occupational Health during this time. The employee can be accompanied at this stage of the policy by a Trade Union Representative or a colleague not acting in a legal capacity.

At the second formal meeting the advice from Occupational Health should be discussed, in addition to any guidance from the employee's GP. Again, the options above should be considered and explored. If none can be pursued, a further meeting should be arranged, again for no more than six weeks later. A final meeting may be held if the employee is unlikely to return within the foreseeable future and during this meeting the employee's contract may be



terminated on the grounds of capability. Prior to the meeting Occupational Health should be asked to advise as to the likelihood of the employee being fit to return to work.

If Occupational Health advise that the employee is not likely to return, or if they advise that this is likely but that in fact the employee does not return, a Final Sickness Hearing should be arranged.

Final Sickness Meeting for the Management of Long Term Absence

As soon as it becomes apparent that the employee is not likely to return to work, the line manager should refer the matter to the dismissing officer for the employee concerned, who will seek support from the Human Resources Department.

A decision to terminate employment should be made irrespective of any considerations around application for ill health retirement i.e. it is not necessary to await the outcome of an application before giving the employee notice of termination.

A Final Sickness Hearing should be set up by the dismissing officer as soon as possible, to which the affected employee and line manager should be invited. The dismissing officer and a representative from Human Resources will chair the meeting. The line manager, also supported by a representative from Human Resources, will present a management case detailing:

- The employee's sickness absence history.
- Details of the meetings held with the employee.
- Advice received from Occupational Health/GP.
- Measures taken to support the employee and facilitate their return to work.

The employee will be encouraged to be represented in the meeting by a work colleague or an accredited trade union representative.

If the dismissing officer concludes that the employee and the process have been managed fairly, that all possible measures for facilitating a return to work have been fully explored and that the employee remains unfit for work, they will terminate the employee's contract on the grounds of capability due to ill health with appropriate notice at full pay.

If the dismissing officer concludes that there are exceptional circumstances which mean that not all options for a return to work have been fully explored with the employee, they may choose to postpone the hearing until all options have been explored.

The main details discussed during the meeting and its outcome will be confirmed in writing to the employee and if applicable their representative.

Recurrent Long Term Sickness Absence



If an employee has recurrent long term absences over a period of 12 months or more, due to the same or varying underlying health conditions, then Occupational Health should be asked to advise as to the likelihood of an acceptable level of attendance in future.

Should Occupational Health advise that recurrent long term absences are likely despite any measures that can be taken to facilitate attendance, the employee should be met with and advised of this. The contents of this meeting should be confirmed to the employee in writing. A Final Sickness Hearing should then be arranged.

If Occupational Health advise a likely return to acceptable attendance levels, but the employee's attendance does not improve, then again a Final Sickness Hearing should be convened.

27 Termination of Employment

Before dismissal is considered, all other options as outlined above must have been discussed with the employee during the regular meetings that have taken place throughout the absence. Managers must be satisfied that all relevant information has been obtained and all relevant facts investigated. Documentation supporting this must be provided to the employee. In cases of long-term sickness, managers must also be mindful of the cessation of occupational sick pay entitlements in conjunction with the long-term prognosis.

Should the dismissal of an employee be identified at any stage in the process as the only appropriate option (i.e. all other options as outlined above have been investigated and found to be inappropriate) a Final Review Hearing will be convened.

Prior to this meeting the employee will receive a copy of the report, detailing the case history to date and considerations taken into account (eg Equality Act, implications, suitable alternative employment, ill health retirement) together with all other relevant documents, made to the person authorised to dismiss.

At this meeting the employee will have the opportunity to present their case and submit supporting evidence. They have the right to be accompanied by a trade union representative or work colleague. The employee has the right to appeal this decision.

Following the meeting the employee will be given a letter confirming the reason for dismissal, the date of dismissal, their right to appeal, details of any payment in lieu of contractual notice and any other outstanding payments to which they are entitled e.g. annual leave.

28 Statutory and Contractual Notice period

On terminating an employee's contract, the CCG is required to give at least the contractual notice, however the actual amount of notice depends on the length of the



employee's service up to a maximum of 12 weeks' notice. The employee's accrued annual leave entitlement will be calculated and paid in the final salary payment.

29 Ill Health Retirement

Throughout the absence management process all options, such as rehabilitation, redeployment, part time working, job redesign etc must be considered in conjunction with the employee.

Where the medical opinion indicates that an employee is permanently unfit for any employment or for the duties of their current role, the individual has the option of applying for early retirement on the grounds of ill health, in line with the provisions of the NHS Pension Scheme. This option is only available to employees who have at least two years continuous, pensionable NHS employment.

If an application for ill-health retirement is made, this constitutes a mutual decision that the employee is unable to fulfil their contractual obligations due to their ill-health condition and therefore a termination date will be agreed between the individual and their line manager.

This option should be discussed with the individual in full at the appropriate time and as much information as possible will be provided to enable the employee to make an informed decision. For more information regarding this procedure please contact Human Resources.

30 Industrial Injury/Incident

An industrial injury is an accident or incident that has occurred at or as a result of your work. You must always report an industrial injury and complete an Incident Form if you have been injured at work within 24 hours of the incident/accident.

Incident/ Accident Report Forms are available to you within your department.

If you believe your sickness absence is as a result of an injury or incident at work, then you must let your manager or nominated person know. They will advise and help you and will carry out any necessary investigations and take appropriate action to prevent such an incident from occurring again. Your manager may refer you to Occupational Health for advice.

31 Right of Appeal

Where an employee feels that the action taken against them is wrong or unjust they should appeal against the decision. Appeals should be heard without unreasonable delay and ideally at an agreed time and place. Employees should let employers know the grounds for their appeal in writing.

The appeal should be dealt with impartially and wherever possible, by a manager who has not previously been involved in the case. Workers have a statutory right to



be accompanied at appeal hearings. Employees should be informed in writing of the results of the appeal hearing as soon as possible.

Following an appeal the original decision may be confirmed, revoked or replaced with a different decision. The final decision will be confirmed in writing, if possible within 7 days of the appeal meeting. There will be no further right of appeal.

32 Abuse of the Policy

Unless there is a satisfactory reason, if you fail to notify your nominated person of your absence or fail to provide a fit-note you will not be paid for those days of absence and your absence will be recorded as 'unauthorised'.

Unauthorised absence (without good reason) constitutes a breach of contract. Backdated fit-notes will not be accepted unless in exceptional circumstances. Unless there are exceptional circumstances, if you abuse this policy or fail to follow these and any local guidelines, your manager will investigate the reasons and where necessary disciplinary action will be taken under the CCG's Disciplinary Policy and Procedure.

Falsely claiming Occupational Sick Pay or Statutory Sick pay may be considered to be fraudulent activity and investigated by the Local Counter Fraud Service.

33 Training requirements

Training and support will be available to all line managers in the implementation and application of this policy.

34 Equality Impact Assessment

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. The Act prohibits discrimination on the basis of age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion/belief, sex or sexual orientation. It also means that each manager or member of staff involved in implementing the policy must have due regard to the need to: eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity between those who share a protected characteristic and those who do not; and foster good relations between people who share a protected characteristic and those who do not. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Document Lead (author) who will then actively respond to the enquiry.

35 Monitoring compliance and effectiveness



This policy will be reviewed every 3 years but can be reviewed at any time if the CCG deems it necessary to do so or a review is requested by management or staff.

36 Countering Fraud

The CCG is committed to reducing fraud in the NHS to a minimum, keeping it at that level and putting funds stolen through fraud back into patient care. Therefore, we have given consideration to fraud and corruption that may occur in this area and our responses to these acts during the development of this policy document.

37 References, acknowledgements and associated documents

Disciplinary Policy
Appeals Policy
Flexible Working
Health and Well-being
Secondary Employment

38 Appendices

Appendix A – Managing Short Term Sickness Flow Charts

Appendix B: Stage 1 – First Formal Sickness Meeting Flowchart

Appendix C - Stage 2 – Second Formal Sickness Meeting Flowchart

Appendix D - Stage 3 – Formal Sickness Hearing - Flowchart

Appendix E – Managing Long Term Sickness Flow Chart

Appendix F - A Return to the Workplace with Reasonable Controls and Adjustments flowchart

Appendix G – Managing Long-term Absence - Further Formal Meeting Flowchart

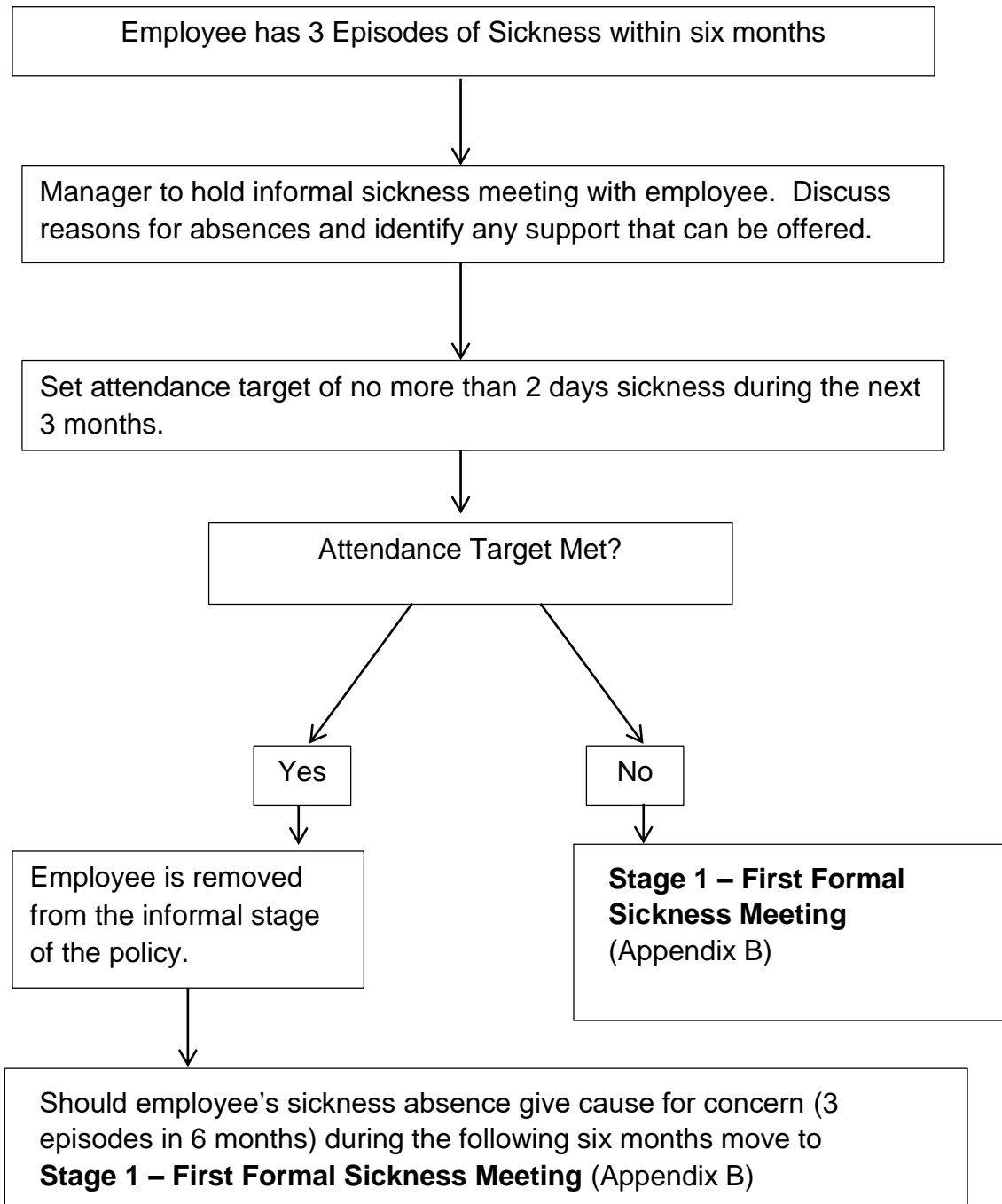
2.1. Equality Impact Assessment

2.2. Implementation plan

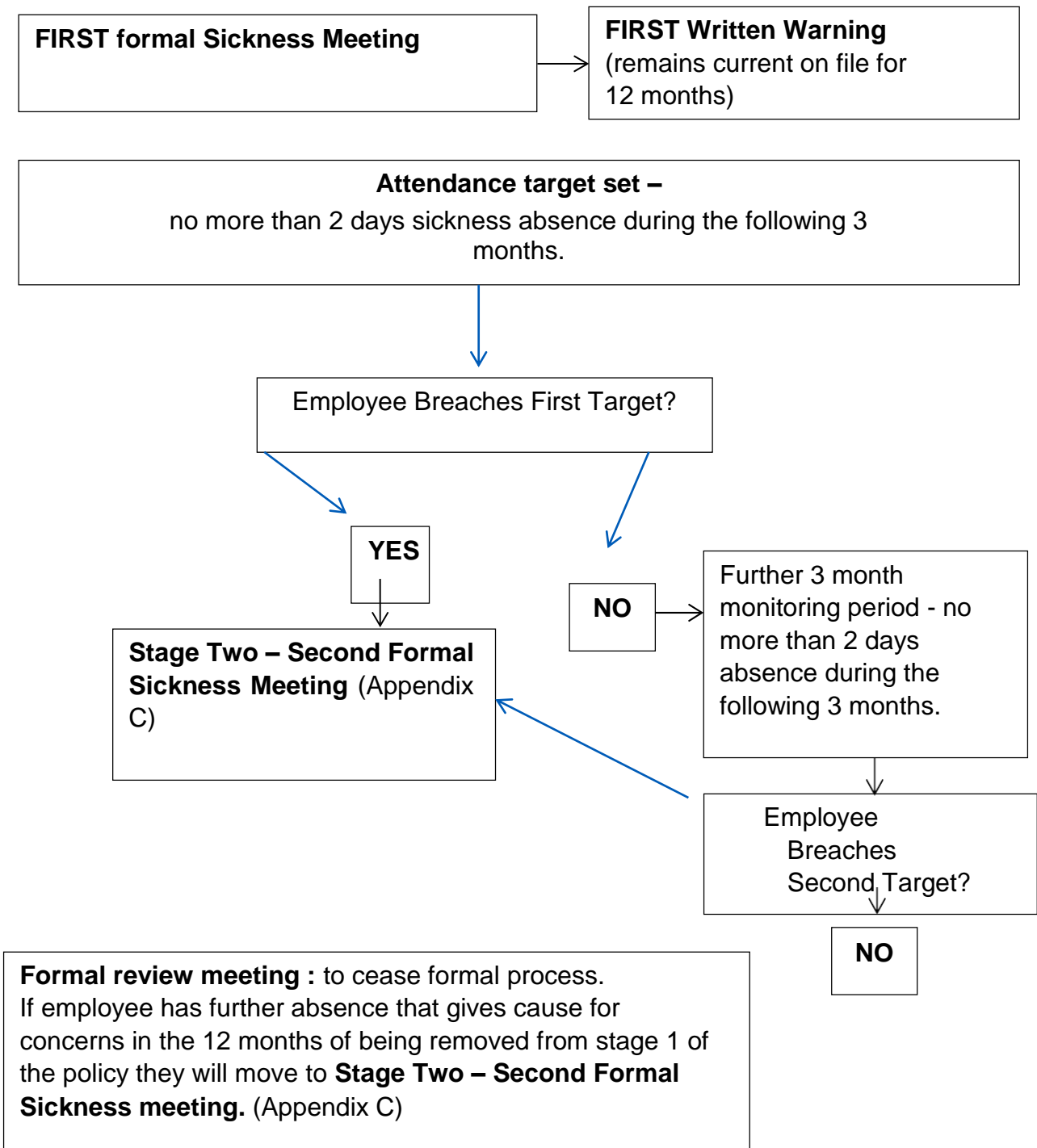


Appendix A – Managing Short Term Sickness Flow Charts

Informal Sickness Process



Appendix B: Stage 1 – First Formal Sickness Meeting Flowchart



Appendix C - Stage 2 – Second Formal Sickness Meeting Flowchart

SECOND formal Sickness Meeting

FINAL Written Warning

To be arranged as soon as possible after the breach in the attendance target set at Stage One.

Attendance target will be set –
no more than two days absence within three months from the date of the meeting.

Employee Breaches
Target?

YES

**Stage Three – Formal
Sickness Hearing**
(Appendix D)

NO

**A further 3 month
monitoring period is
set** with a target of no
more than 2 days
absence during the
following 3 months.

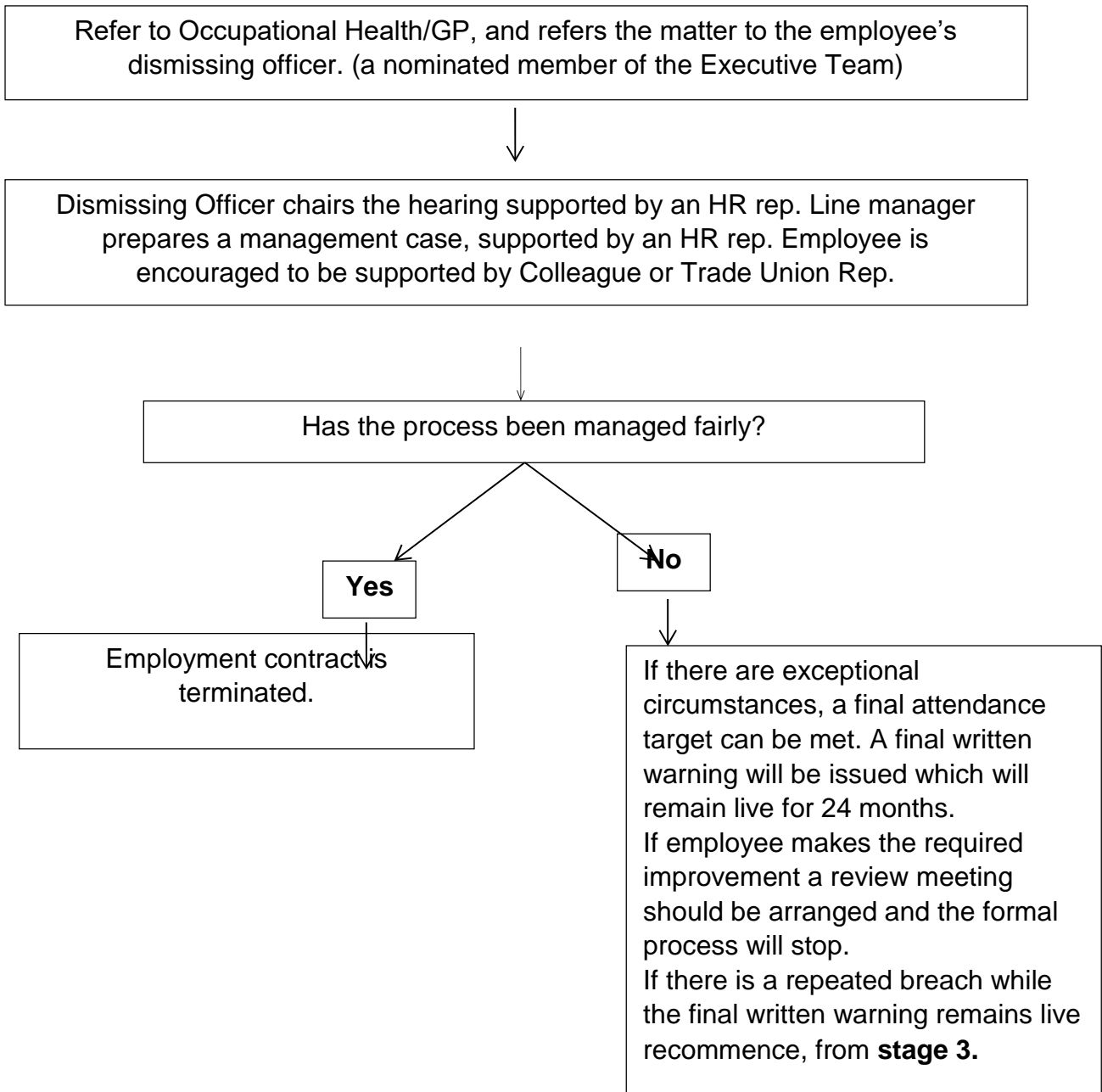
Employee Breaches
Target?

NO

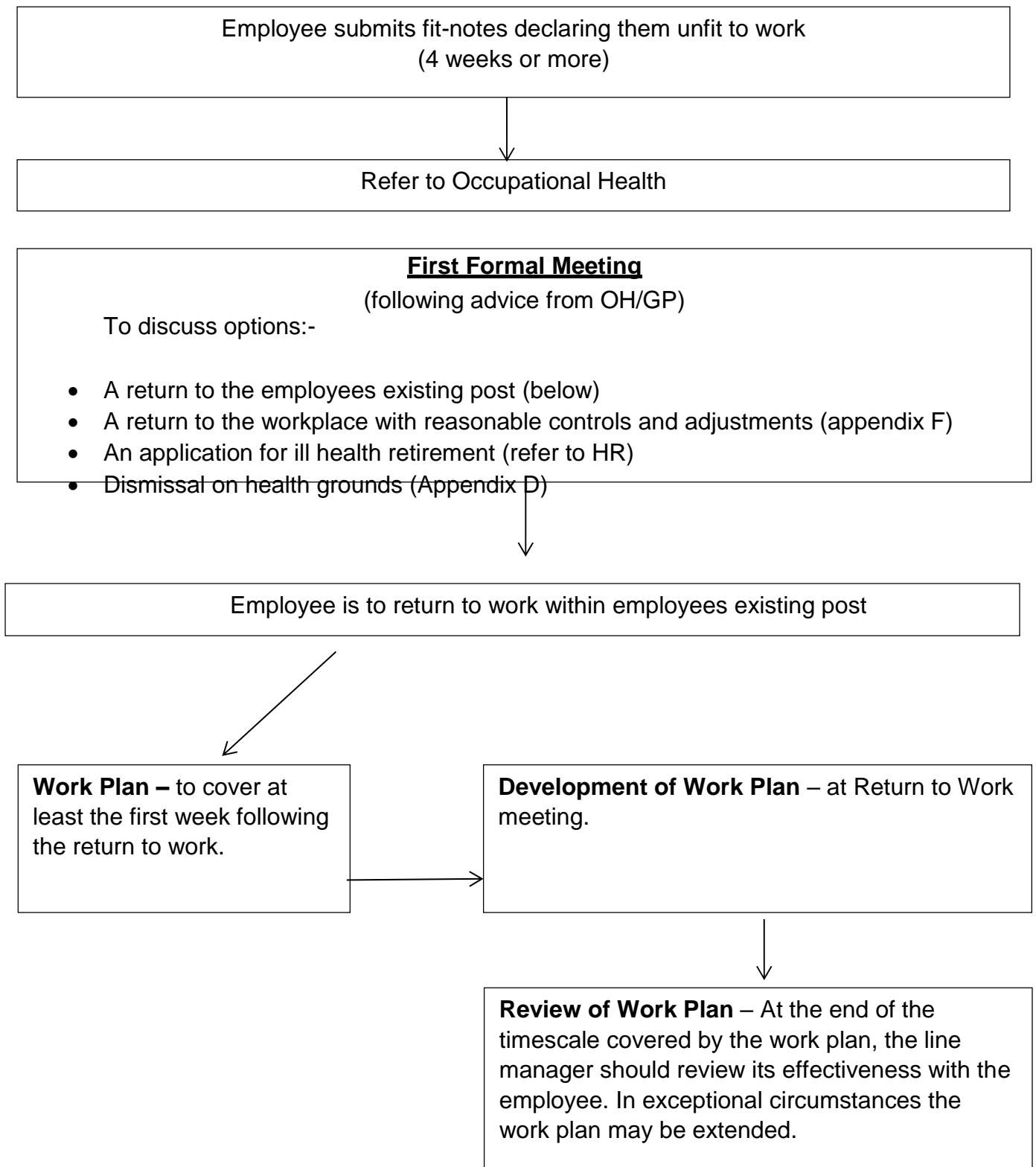
Formal process will
now stop.

If there is a repeated breach of the attendance targets while the formal written warning remains live, process will recommence at **Stage Two**. A second final written warning will be issued.
Should an employee have already been issued with two written warnings –move to **Stage Three – Formal Sickness Hearing** (Appendix D)

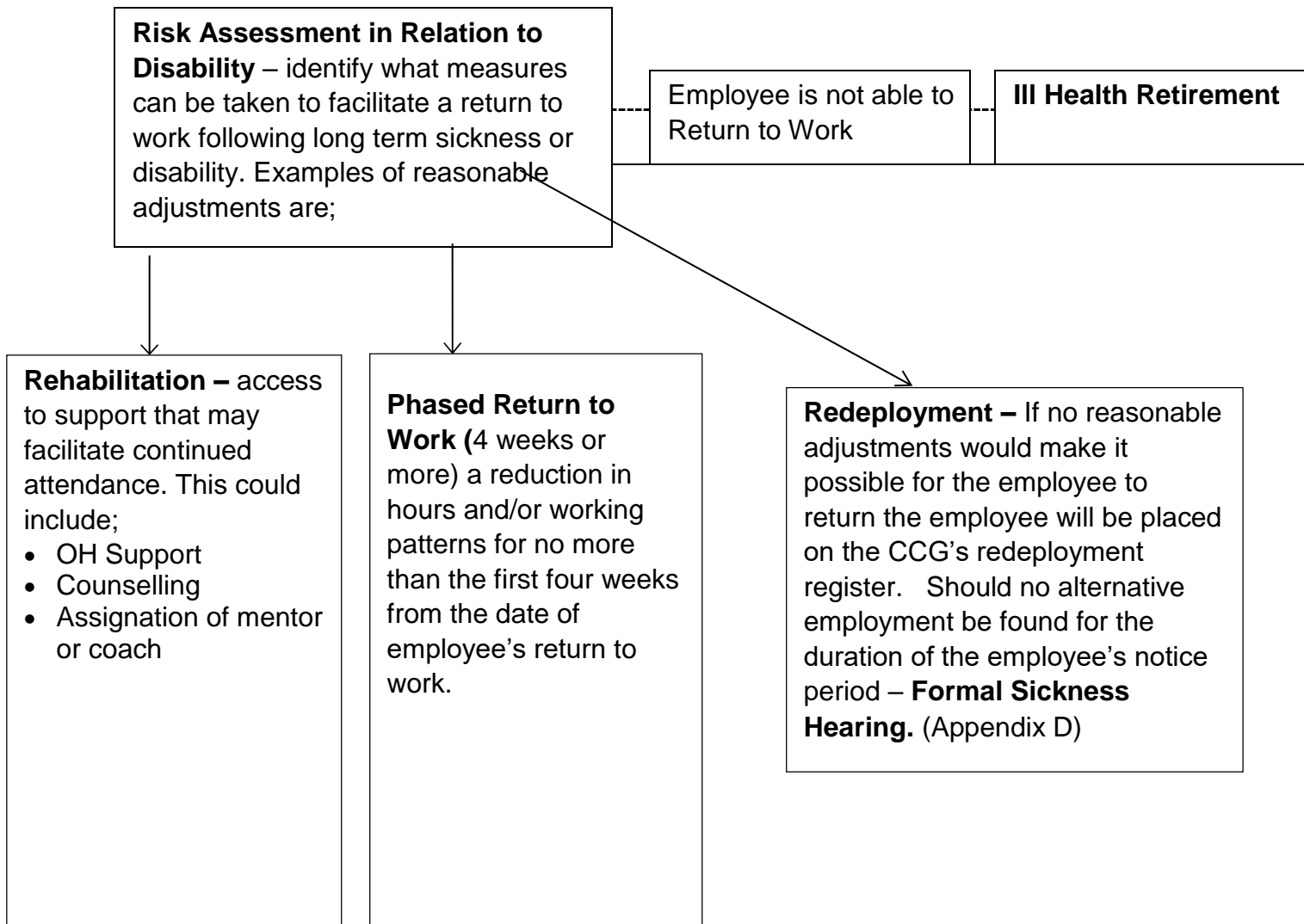
Appendix D - Stage 3 – Formal Sickness Hearing - Flowchart



Appendix E – Managing Long Term Sickness Flow Chart



Appendix F - A Return to the Workplace with Reasonable Controls and Adjustments flowchart



If the employee is absent during the rehabilitation, phased return to work or the redeployment process the situation will be dealt with on a case by case basis.

Should it not be possible to pursue any of the above options after the first formal meeting – **Further Formal Meeting for Management of Long Term Absence** (Appendix G)

Appendix G – Managing Long-term Absence - Further Formal Meeting Flowchart



Further (second) Formal Meeting
– no more than six weeks after the first.

OH to advise whether as to the likelihood of the employee being fit enough to return within the foreseeable future - Move to **Final Sickness Hearing** (Appendix D)

Appendix

2.1 Equality Impact Assessment

Equality Impact Assessment Screening		
Query	Response	
What is the aim of the document?	The overall purpose of the policy is to set out the organisation's approach to the management of sickness absence within the workplace. This document also sets out guidance to employees and managers about their responsibilities in relation to Sickness Absence Management. The aim of the policy is to comply with statutory requirements and NHS Standards and best practice.	
Who is the target audience of the document (which staff groups)?	All staff	
Who is it likely to impact on and how?	Staff	Yes - The CCG will pro-actively managing sickness absence and managers will apply the policy accordingly. Managers will pay due regard to any long term conditions or disabilities covered under the Equality Act and make appropriate adjustments when managing staff absence and wellbeing.
	Patients	No
	Visitors	No
	Carers	No

	Other – governors, volunteers etc	Yes
Does the document affect one group more or less favourably than another based on the 'protected characteristics' in the Equality Act 2010:	Age (younger and older people)	no
	Disability (includes physical and sensory impairments, learning disabilities, mental health)	The policy is not clear how disability-related absence should be recorded however, this can be mitigated with the close involvement of HR and Occupational Health professionals who can consider advice accompanying the Equality Act 2010
	Gender (men or women)	Staff with caring responsibilities may be recorded as sick and should be reminded that Special Leave Policies are available to deal with urgent domestic issues
	Pregnancy and maternity	no
	Race (includes ethnicity as well as gypsy travellers)	no
	Sexual Orientation (lesbian, gay and bisexual people)	no
	Transgender people	The policy does not

		<p>specify arrangements for absence connected to medical processes related to trans issues and that any employee diagnosed with 'Gender Dysphoria' or 'Gender Identity Disorder' will be covered by the disability discrimination provisions of the Equality Act 2010</p>
	<p>Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)</p>	<p>no</p>
	<p>Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)</p>	<p>no</p>

2.2 Implementation Plan

Target Group	Implementation or Training objective	Method	Lead	Target start date	Target End date	Resources Required
Governing Body	Ensure GB is aware of CCG's responsibilities for implementation and monitoring of HR Policies	Cover paper to the policies to be presented to the Governing Body	HR Business Partner	1 January 2019	28 February 2019	staff time, governing body time
Executive Directors	Ensure awareness of responsibilities of CCG process to ensure compliance Individual Executive Director responsibilities Directorate Responsibilities	Ensure systems are in place to implement relevant policies in their areas Discussion/bite size workshop on overview of policies with Individual Directors Launch of Policies at SMT Launch of Policies through Directorate meetings/briefings To ensure the provision of advice, guidance and support to Directors in the operation of HR policies. Ensure systems exist to identify staff training needs on the implementation of new and updated policies	HR Business Partner	1 February 2019	31 March 2019	staff time, executive director time
Managers	Ensure awareness of CCG process and roles	Ensure staff have read and understood the relevant policies, strategies and procedures. Ensure policies and procedures are accessible for all their staff on the Hub Ensure systems exist to identify staff training needs on the implementation of new and updated policies	HR Manager/ Learning and Development Manager	9 th January 2019	31 March 2019	staff time, training room resources

Managing Sickness Absence Policy

		<p>Specific training sessions and 1:1 support to be provided, including awareness of the application of HR policies.</p> <p>Implementation of training workshops for Line Managers.</p>				
All Staff	Ensure awareness of CCG processes and procedures	<p>Information about the policy and CCG processes to be placed on the Hub/Consult HR platforms and to familiarise themselves with this policy and the how it may impact upon them.</p> <p>Ensure a system is in place for policies to be placed on the intranet</p> <p>Information about the policy and CCG process to be communicated through the Voice</p> <p>Awareness raising item at individual Directorate/Directorate SMT and team meetings</p>	<p>HR Business Partner/HR Manager/Comms</p> <p>Corporate Team/Comms Team</p> <p>Comms Team</p> <p>Executive Directors/Senior Managers</p>	1 January 2019	31 March 2019	staff time,