

HUMAN RESOURCES POLICY

ABSENCE MANAGEMENT

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Policy Validity Statement
This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid. Policy users should ensure they are consulting the currently valid version of the documentation.

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1. POLICY STATEMENT

- 1.1 The CCG recognises the contribution of its employees and is committed to supporting their health and wellbeing and to providing good working conditions and health and safety standards.
- 1.2 The overall purpose of the policy is to set out the CCG's approach to the management of absence and attendance within the workplace. The policy will also set out guidance to staff and managers about their responsibilities in relation to Absence Management.
- 1.3 It is the responsibility of the CCG to make the most effective use of its employees and the absence management policy contributes to that objective.
- 1.4 This policy will apply to all staff within the CCG.

2. PRINCIPLES

- 2.1 This policy enables managers to address sickness absence issues, both short and long-term, in a fair, consistent and equitable manner. It is recognised however, that all cases must be dealt with on an individual basis because of differing circumstances. This policy therefore gives an outline of the principles to be observed.
- 2.2 It should be noted that all other types of absence should be dealt with in accordance with the appropriate policy, i.e. maternity, adoption, career break. Line managers should consider, and take due account of, individual circumstances and all relevant factors before action is taken e.g. maternity related absence, stress, disability related absence, work related factors.
- 2.3 Confidentiality will be maintained in all aspects of absence management and records will be kept in line with the Data Protection Act.
- 2.4 Managers will be fully trained in policies and procedures relating to absence. All new staff will be made aware of the relevant policies and procedures during their induction.
- 2.5 The CCG recognises that everybody is sick or subject to emergencies from time to time, however regular attendance at work is a contractual requirement.
- 2.6 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's occupational health provider will be discussed between the individual, their line manager and if necessary, a HR representative.
- 2.7 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.
- 2.8 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.
- 2.9 Advice should be taken from Human Resources at all formal stages of this policy to ensure the consistent application of this policy throughout the CCG.
- 2.10 Employees may be accompanied by a Trade Union (TU) representative or work colleague in all formal discussions with management about their absence.

3. RESPONSIBILITIES

3.1 Manager responsibilities

Line managers have an important role to play in the management of absence. Key responsibilities for managers include:

- Ensuring that they are familiar with the Absence Management Policy and their obligations in relation of the management of the policy.
- Communicating appropriately with absent staff.
- Dealing with any actions in a timely manner when dealing with absence at work, balancing the needs of the individual with those of the service.
- Maintaining accurate records of all absences and reasons for absence.
- Holding return to work interviews after each individual episode of sickness.
- Maintaining confidentiality to all medical and personal information at all times.
- Attending any organisation training provided on policy updates.
- Identifying a 'nominated deputy' for staff to report sickness absence to during periods of annual leave/out of the office/non-working time and communicating this to staff.
- Manage absence fairly and equitably, taking into account the provisions of the Equality Act throughout and seeking HR advice
- To keep in touch with the employee a regular basis throughout any period of absence.
- Gaining advice through the use of the Occupational Health Service, as appropriate.

3.2 Employee Responsibilities

Employees are expected to:

- Ensure regular attendance at work.
- Communicate appropriately with their manager when absent from work.
- Co-operate fully in the use of these policy.
- Attend appointments with an organisation nominated medical practitioner where appropriate.
- Comply with sick pay scheme.
- Attend review meetings with management when discussing periods of absence or planning return to work, reasonable adjustments or alternative employment.
- Maintain an awareness and compliance with the CCGs Absence Management Policy.
- Follow the notification procedure for the department and ensuring that any absence due to sickness is supported by the relevant and timely certification.
- Advise of a return to work date in advance, to aid departmental planning.
- Unless under exceptional circumstances, individuals must personally notify their line manager (or nominated departmental absence contact person) about their absence from work and must keep in touch on a regular basis throughout any period of absence.
- Ensure that employees do not undertake or partake in any activity that may hinder recovery or delay a return to work.
- In order to protect employees and work colleagues, line managers must be immediately informed (or nominated departmental absence contact person) if

there is a belief that the absence is work-related, for example as a result of stress, an accident at work or have been in contact with an infectious disease.

- Ensure that employees don't attend the work place if they are unwell or unfit for work, if in doing so would affect their health and/or the health of others with whom they come into contact in the course of their work.
- After each episode of absence related to sickness, regardless of length, to seek a return to work interview with the line manager (or nominated departmental absence contact person) at the earliest opportunity upon your return.
- Compliance with Health & Safety Legislation or recommendations, including job specific training.

3.3 Right to be accompanied

- Employees have the right to be accompanied at any stage of the Formal Procedure including appeals by either an accredited TU Representative or full-time official of a recognised TU or by a fellow companion who must be an employee of the CCG.
- In exceptional circumstances and where this will benefit the organisation and the employee, the individual may be accompanied during the informal phases.
- However, it would not normally be reasonable for employee to insist on being accompanied by a companion whose presence would prejudice the hearing. Nor would it be reasonable for an employee to ask to be accompanied by a companion from a remote geographical location if someone suitable and willing was available on site.
- The companion should be allowed to address the meeting/hearing to present and sum up the employee's case, respond on their behalf to any views expressed at the meeting/hearing and confer with them during the hearing. The companion does not however have the right to answer questions on the employee's behalf, address the hearing if the employee does not wish it, or prevent the employee from explaining their case.
- If an employee's companion is unavailable, it is the responsibility of the employee, so long as it is deemed reasonable to suggest another date which is not more than 5 working days after the original date of the meeting/hearing.

Employees have no right under this procedure to be accompanied by anyone else (e.g. a spouse, partner, other family member, or legal representative) other than those persons previously referred to.

4. GENERAL POINTS

4.1 It is the responsibility of every employee to report every absence and only in exceptional cases should this procedure be carried out by someone else on their behalf.

4.2 If an employee knowingly gives any false information, or makes false statements about their sickness, it may be treated as misconduct and may result in disciplinary action being taken. In proven cases of gross misconduct it could lead to dismissal (e.g. absent on sick leave and working elsewhere).

4.3 Any employee who unreasonably fails to comply with the organisation's Absence

Management Policy and Procedure may have their occupational sick pay withheld. Any decision to withhold sick pay should be made in conjunction with Human Resources. Advice may also be sought from the organisation's occupational health provider.

4.4 The CCG has the right to dismiss employees whilst they are receiving sick pay entitlement. Any decision to dismiss on capability grounds will be subject to medical advice.

4.5 The organisation reserves the right to request a doctor's certification for periods of absence of less than seven calendar days in cases of short-term persistent absence. However, this should normally follow an OH referral where there is no underlying medical reason for continued short-term persistent absence. Furthermore, this sanction should only be used for a finite period and should be reviewed on a regular basis. Finally, should the employee incur a cost in obtaining a doctor's certificate, then this will be reimbursed by the organisation.

5. SCHEME OF DELEGATION

5.1 Each policy will contain a scheme of delegation specific to the stages and actions associated to the policy. All schemes will adopt the levels as outlined below therefore ensuring consistency throughout all policies and clarity within the organisation.

Informal procedure	Line Manager or equivalent level manager from elsewhere within the organisation.
Formal procedure	Line manager or equivalent level manager from elsewhere within the organisation or the line manager's direct manager if the line manager has been previously involved or implicated.
Appeal following formal procedure	Line Manager's manager or equivalent who has not previously been involved or implicated.
Dismissal Hearings	Chaired by a senior manager or equivalent plus one other manager and a HR representative.
Appeal against dismissal	Chaired by a Chief Officer plus one other manager and a HR representative.

6. EQUALITY

6.1 In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

7. Data Protection

In applying this policy, the Organisation will have due regard for the Data Protection Act 2018 and the requirement to process personal data fairly and lawfully and in accordance with the data protection principles. Data Subject Rights and freedoms will be respected and measures will be in place to enable employees to exercise those

rights. Appropriate technical and organisational measures will be designed and implemented to ensure an appropriate level of security is applied to the processing of personal information. Employees will have access to a Data Protection Officer for advice in relation to the processing of their personal information and data protection issues.

8. MONITORING & REVIEW

- 8.1 The policy and procedure will be reviewed periodically by Human Resources in conjunction with operational managers and Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.

PART 2

PROCEDURE

1. REPORTING ABSENCE

- 1.1 All employees must contact their line manager on the first day of absence as soon as is reasonably practicable or within one hour of their normal starting time. The employee must make this call. The only exception is where it is clearly not possible for employees to ring personally, such as admission to hospital.
- 1.2 Employees must talk directly to their line manager. It is not acceptable to text, e-mail or leave messages with anybody else. If the line manager is unavailable, then the employee should contact an alternative nominated manager.
- 1.3 If an employee does not have a telephone at home alternative arrangements for reporting sickness must be made.
- 1.4 When reporting absence employees must give the following information:
- the reason for the absence (if known);
 - the expected length of absence (if known);
 - whether a visit will be made to their GP, and if so, the date of the appointment.

Where possible the manager should be advised of any outstanding work that may require urgent attention during the period of absence. This will enable managers to better plan and allocate work.

- 1.5 In cases of continued absence, employees must contact their line manager again on the fourth day of absence to provide them with up to date information. Should the absence continue then the employee and the manager must decide upon the frequency of further/continued contact and the form that this will take. It is not sufficient to provide medical certificates as a means of maintaining contact. It should be noted that failure to maintain contact as per the agreement with the line manager, may result in the payment of occupational sick pay being delayed or withheld. Any decision to take disciplinary action or to withhold or delay payment of occupational sick pay must be made in conjunction with a HR representative

Evidence of Incapacity for Work

- 1.6 For absences lasting seven calendar days or less, on the first day back at work, employees will be required to complete a Sickness Self-Certificate. This should include the reason for absence. The certificate will be countersigned by a manager and

subsequently kept in a confidential file.

- 1.7 If an absence exceeds seven calendar days a doctor's medical certificate (Fit Note) must be submitted to the line manager, The medical certificate details will then be input into ESR by the line manager.
- 1.8 If an absence continues beyond the period covered by the initial Fit Note, further Fit notes must be submitted to give continuous cover for the period of absence. On eventual return to work employees must complete the Organisation's Sickness Self-Certificate in respect of the first seven days or less not covered by a doctor's Fit Note.
- 1.9 Employees should provide their line manager with any medical certification, without reasonable delay. Failure to submit consecutive medical certificates in a timely manner may be considered in breach of the Absence Management Policy and may invoke the Disciplinary Policy.
- 1.10 For reporting purposes, reports will show long-term absence as 28 calendar days or more.

Statement of Fitness to Work (Fit Note)

- 1.11 The 'Statement of Fitness for Work' (also known as a doctor's statement or a 'fit note') allows a GP to advise that an employee is either 'unfit for work' or 'may be fit for work'.
If the doctor/GP suggests that they 'may be fit to work' there are now a number of options open which may help to get the employee back to work:
 - Phased return to work
 - Amended duties
 - Altered hours
 - Workplace adaptationsAny such recommendations should be discussed and agreed with the individual and line manager prior to commencement of a return to work interview.
- 1.12 There may be circumstances where a GP's recommendation cannot be implemented and Occupational Health advice may be sought as to whether adjustments/modifications can be accommodated in line with service needs.

Employee Occupational Sick Pay Entitlements

- 1.13 Statutory Sick Pay (SSP) is a provision that is paid to employees who are too ill to work and to anyone covered by a contract of employment. It is subject to government conditions, however can be paid by the CCG for up to 28 weeks.
- 1.14 The CCG provides an Occupational Sick Pay (OSP) scheme which enhances an employee's sick pay.
- 1.15 An employee's entitlement to OSP is determined by their terms and conditions of employment. Full details for employee sick pay can be found on the NHS Employers Website.
- 1.16 Payment of OSP is subject to the correct notification and certification procedures being followed and the amount received will be dependent on length of service and the period of absence.

1.17 OSP may be withheld if an employee is deemed fit to return to work by Occupational Health, after seeking advice from Occupational Health (where appropriate). The CCG reserves the right to withhold payment of OSP where an employee has been in breach of the Absence Management Policy or there is suspicion of abuse of this scheme under CCG Disciplinary Policy and Procedure.

The amount of paid sickness leave entitlement depends on length of service, as outlined below:

- During 1st year of service One month's full pay and two months' half pay
- During 2nd year of service Two months' full pay and two months' half pay
- During 3rd year of service Four months' full pay and four months' half pay
- During 4th and 5th years of service Five months' full pay and five months' half pay
- After 5th year of service Six months' full pay and six months half pay

1.18 Abuse of the sick pay scheme, for example, by undertaking certain sorts of paid or unpaid employment elsewhere whilst absent on sick leave, engaging in activities which are inconsistent with the nature of the illness or any activities which aggravate the nature of the illness or delay of the recovery, will be considered under the CCG's Disciplinary Policy and Procedure.

1.19 The period during which sick pay is paid and the rate of sick pay for any period of absence is calculated by deducting from the employee's entitlement, on the first day of absence, the aggregate periods of paid sickness during the 12 months immediately preceding that day.

1.20 Sick pay is based on basic pay only.

1.21 Full pay is inclusive of any statutory benefits. Half pay plus statutory sick pay will not exceed full pay.

1.22 For the purpose of calculating entitlement to sick pay, a previous period or periods of NHS service will be counted towards the employee's entitlement to sick leave with pay where there has been a break, or breaks, in service of 12 months or less.

1.23 In the event of employment coming to an end, entitlement to sick pay ceases from the last day of employment.

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

Occupational Sick Pay Conditions

1.25 The conditions for sick pay are financial provisions indicating an entitlement to occupational sick pay and in no way indicate the amount of absence to which an employee is entitled.

1.26 If sick pay entitlement is exhausted before a Final Review Meeting takes place, and

where the failure to undertake the Final Review is due to delay by the manager, sick pay will be reinstated at half pay as follows:

- Employees with more than 5 years reckonable service – sick pay will be reinstated if the entitlement is exhausted before the Final Review meeting takes place.
- Employees with less than 5 years reckonable service – sick pay will be reinstated if the entitlement is exhausted and the Final Review meeting does not take place within 12 months of the start of their sickness absence.

Reinstatement of sick pay in these circumstances will continue until the Final Review meeting takes place. It is not retrospective for any period of zero pay in the preceding 12 months of service.

1.27 The period of full or half sick pay detailed in 7.1 may be extended:

- where there is the expectation of a return to work in the short-term and an extension would materially support a return and/or assist recovery. Particular consideration will be given to those staff without full sick pay entitlements.
- where it is considered that individual circumstances mean that an extension will relieve anxiety and/or assist recovery.

When an extension to sick pay is being considered for any reason it may be advisable to first discuss this with an HR representative.

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

1.29 An employee who is absent as a result of an accident is not entitled to sick pay if damages are received from a third party. Under these circumstances the employee will be advanced a sum not exceeding the amount of sick pay payable under this scheme providing the employee repays the full amount of sickness allowance when damages are received. Once received, the absence will not be taken into account for the purposes of the scale set out in 1.13 above.

2. SICKNESS DURING ANNUAL LEAVE

2.1 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.

For information, a serious interruption of annual leave would be deemed as four or more days of continuous illness.

2.2 If an employee is absent on sick leave and has pre-booked annual leave then they must notify their manager as soon as possible of the nature of the leave, otherwise it will be assumed that the annual leave is being taken. If the employee intended to spend time at their normal place of residency then the leave may be credited back upon receipt of appropriate medical statements/doctors notes.

- 2.3 If the employee intends to spend more than one night away from their normal place of residency whether it be overseas or in the UK, then the employee must provide a written statement from a medical practitioner advising that the holiday would be beneficial to their condition or recovery, and in no way would aggravate or cause detriment to the illness/injury. Where necessary, the organisation will reimburse the cost of such letters. In addition, the CCG may also choose to obtain a medical opinion from the Occupational Health provider. If the leave is supported by a medical practitioner then the employee will have the option to continue with sick leave and have the annual leave credited back or take the time as annual leave, in which case sick pay, occupational and/or statutory as appropriate, will cease. If an employee is physically unable to return to work after a holiday they must submit a medical certificate which covers them from the day on which they were expected to return to work. Should the employee take the leave as sickness, then entitlements to sick pay both occupational and statutory will be in line with the normal eligibility rules.
- 2.4 Where the request to continue with a pre-booked holiday is not supported by a medical practitioner, then annual leave should be taken.
- 2.5 Employees will not be entitled to an additional day off if they are sick on a statutory holiday.

3. SHORT-TERM ABSENCE

- 3.1 The CCG operates an accurate method of recording and monitoring levels of absence. If the amount of time being taken off for illness is giving cause for concern, managers will discuss this with employees at the return to work interview and provide them with a record of all absences from work. The individual will have the opportunity to explain any personal or work-related issues which may be a factor in the absence.
- 3.2 To ensure consistency with the application of the Absence Management Policy, trigger points are used to monitor short-term sickness and long-term sickness. The triggers for short-term absence are:
- Four occasions of absence in any 12 month period, or
 - 12 days absence in any 12 month period
- 3.3 Where an employee reaches a trigger, a formal attendance monitoring meeting will be held with the individual. The purpose of the meeting is to provide support and assistance to overcome any short-term issues, patterns or problems which are identified. At this stage an action plan of improvement will be set. (Appendix 1 '*Stages of attendance management and improvement notification*')'
- 3.4 Where an individual fails to maintain the regular attendance deemed acceptable for the organisation, they will progress through the stages of the procedure. This process may, eventually result in dismissal if the absence continues.
- 3.5 At any stage during this process, it may be appropriate to seek advice from an organisation appointed medical practitioner.
- 3.6 Employees are entitled to have a staff side representative or work place colleague not acting in a professional capacity to accompany them to any of the formal stages of this procedure if they so wish.
- 3.7 If at any stage the employee achieves a better attendance record than is required by a warning, no action will be taken. The manager will continue to monitor the level of

attendance or pattern of absence.

4. LONG-TERM ABSENCE

4.1 Long-term absence is classed as at least four weeks continuous absence. However it should be noted that for reporting purposes, reports will show long-term absence as 8 calendar days or more.

4.2 Long-term absence will normally count towards trigger points (with the exception of maternity related absence) and would, in all cases, instigate an absence review meeting. However, Line Managers may use their discretion to issue a sanction, dependant on individual circumstances where appropriate. In order to manage long-term absence effectively it is essential that the employee and the line manager maintain regular contact and meet periodically during the period of absence.

4.3 In cases of long-term absence, line managers must arrange to conduct regular review meetings to discuss possible courses of action should the absence continue. These may include rehabilitation and return to work requirements, redeployment, ill-health retirement etc. The meetings should be recorded and notes sent to the employee concerned. Employees may be accompanied by a Trade Union Representative, or a work colleague. The line manager may also be accompanied by another manager or HR representative. The frequency of such meetings will depend upon the circumstances of each individual case.

4.4 These meetings should be held at mutually convenient locations, with due regard made to the employee's circumstances. If an employee is too ill to travel, the line manager may arrange to conduct a home visit at a mutually convenient time, if the employee agrees. However it should be noted that, as part of the return to work process, it may be more relevant to hold the meetings at a business location, or a suitable alternative venue.

4.5 Review and decision dates should be arranged taking into consideration the individual's sick pay entitlements and there must be a review meeting before their sick pay ends.

4.6 Employees who fail to attend sickness review meetings may be subject to the various sanctions within this policy.

4.7 In all cases of long-term absence, Occupational Health advice should be sought. The advice and recommendations set out in the Occupational Health report should be discussed at the regular review meetings as detailed above. In some cases it may be necessary for the employee to be reviewed by Occupational Health at regular intervals throughout their period of absence for the manager to obtain continuing Occupational Health advice and guidance for the appropriate management of the case.

4.8 In certain circumstances Occupational Health will recommend a phased-return to work to aid rehabilitation after a period of absence. Where OH advice is that the employee is able to return to work there are a number of options that may be discussed / considered:

- Fit to return to current role/duties – phased return
- Fit to return to current role but unable to fulfil all of the duties – consider reasonable adjustments/phased return

- Unfit to return to current role but is capable of other work – consider redeployment
- Currently unable to return to work but assessed by OH as likely to return in the future

4.9 In the event that the OH advice is that the employee is unfit to return and where all appropriate avenues have been explored such as reasonable adjustments to their current role and/or re-deployment then it will be necessary to consider dismissal on the grounds of capability (see paragraph 10.20):

5. ONGOING MEDICAL CONDITIONS

In some situations an employee may have ongoing health related problems which may impact upon their ability to perform the duties of their role. The employee may still be in work, or have long-term or short-term absence. This will be addressed by any or all of the following three steps:

1. **Medical advice** - support and guidance to help determine the best course of action for the individual.
2. **Reasonable Adjustments / redeployment** - consider what adjustments can be made to role including hours or lighter duties. Identify if there is any suitable alternative role the individual could undertake either on a permanent basis or interim basis. (refer to redeployment policy for additional information).
3. **Final Review Panel** - if the individual's substantive post is not suitable due to their ill health and the above stages have been unsuccessful in supporting the employee to resume full duties, a final review hearing should be convened.

Before any decision to terminate an employee on medical grounds the following must have been meaningfully considered:

- Rehabilitation
- A phased return
- A return to work with or without adjustments
- Redeployment with or without adjustments

6. RETURN TO WORK MEETING

6.1 Following any episode of absence due to sickness, a return to work interview should be held (this can be held face to face or remotely where applicable) with the employee and a Return to Work Form completed to establish the following:

- The reason for, and cause of absence
- Anything the manager or CCG can do to help
- Any underlying causes for absence (e.g. personal or domestic circumstances, relations with colleagues etc.)
- That the employee is fit to return to work

6.2 If the employee has been absent with a highly sensitive condition they may ask for a manager of the same gender to manage the absence. The meeting is separate to an absence review meeting and will take place at an agreed time and in a private place.

6.3 If the employee's GP has advised that they 'may be fit for work' the return to work discussion can also be used to agree how their return to work might work best in practice. In some circumstances there may be a pre return to work discussion.

6.4 All return to work discussions should be held as soon as reasonably practical upon the individuals return and conducted in a sensitive and empathetic manner to encourage open discussions.

6.5 The discussion should allow for an exchange of information and be as frank and as open and honest as possible as this will prevent any misunderstandings concerning the nature of the absence. Managers should also take this opportunity to discuss any patterns or trends of absence that may emerge.

6.6 This will also enable the line manager to discuss any assistance, help, counselling or action on work-related issues that may be provided to enable an employee to return to work or prevent further absence occurring.

6.7 Notes and outcome of the meeting will be agreed and retained on file

7. OCCUPATIONAL HEALTH SERVICES

7.1 In cases of long-term absence, managers are expected to exercise discretion in referring such absences to the Occupational Health and the following principles should be applied:

- The Occupational Health Service can be consulted for advice when the likelihood of a return to work or cause of absence is not known.
- A member of staff should be referred to the Occupational Health Service at an early stage in the absence if it considered that a referral may benefit the employee or the organisation.
- The Occupational Health Service is available to give both general and specific advice on the fitness of an employee for work, adjustments to the workplace where appropriate and likely return dates.
- An employee may request an OHS referral, via their manager, for advice and support on the best way of seeking a return to work.

7.2 Where there is doubt regarding an employee's ability to return to work on a permanent basis advice must be sought from the Occupational Health Service. Employees may be eligible to ill-health retirement benefits if they have two years continuous membership of the NHS Pension Scheme. Ill-health retirement should be discussed with the individual during the review meetings. Further information is available in the Retirement Policy.

7.3 Employees must make themselves available to attend Occupational Health referrals (this may include home visits by an Occupational Health representative or the attendance at an Occupational Health office). However, due regard should be made to the accessibility of the location in relation to the nature of absence. Following the referral, Occupational Health will then provide a written report to management, a copy of which will also be sent to the individual. In most cases management will meet with the individual to discuss the content of the report.

7.4 In some cases it may be more appropriate for Occupational Health to contact a third party for a medical opinion e.g. GP, hospital Consultant etc. and consent must be obtained from the employee concerned. In these cases, any information provided by a third party is always disclosed to Occupational Health and not to management. Occupational Health will then provide management with a written summary of information provided which is pertinent to the employee's ongoing employment. Employee consent is not required for the release of this report.

- 7.5 Occupational Health may recommend appropriate treatment, such as physiotherapy or cognitive behavioural therapy, in supporting staff to remain in work, or return to work, at the earliest opportunity.
- 7.6 Best practice is to discuss any referral with the individual before a referral is made. The Occupational Health Service protects confidential medical information about individuals and will only provide non clinical information to managers on specific areas of concern relating solely to an individual's ability to perform their role. They are able to provide both managers and individuals with advice to make decisions relating to work and employment arrangements.
- 7.7 At any point a manager may liaise with Occupational Health Services to gain advice upon the appropriateness of a referral. Early intervention and access to occupational therapies is paramount to reductions in absence levels within the CCG.
- 7.8 Where there is evidence or concern of work associated stress, psychological conditions or absence / injury sustained whilst at work, employees should be immediately referred at the earliest opportunity. Early access to these services will support both the individual and the service.
- 7.9 Trigger points do not need to be reached prior to any Occupational Health referral being arranged.

8. DISABILITY RELATED ABSENCE AND REASONABLE ADJUSTMENTS

- 8.1 If an employee is disabled or becomes disabled during their employment, then the CCG is legally required under the Equality Act 2010 to make reasonable adjustments to enable the employee to continue working. The Act broadened the provisions of the Disability Discrimination Act of 1995, for public sector employees.
- 8.2 The Equality Act 2010 s.6 defines disability as a physical or mental impairment that affects the person's ability to carry out normal day-to-day activities. It also asks whether or not the adverse effect is substantial and long term.
- 8.3 Under para.6 of sch.1 to the Equality Act 2010, people diagnosed with the progressive conditions of HIV infection, multiple sclerosis and cancer are deemed to be disabled whether or not the condition has yet begun to have any effect on their ability to carry out day-to-day activities.
- 8.4 When an 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, flexible working hours or using a combination of unpaid and annual leave or paid time off to attend appointments. (Ref: Other Leave Policy)
- 8.5 Absences related to a disability will count towards triggers unless otherwise agreed by the line manager at the attendance review meeting. For absence that relates to a disability or long-term condition, where it has been determined not to apply absence triggers, arrangements for reporting absence and return to work will continue to apply as per this policy, to ensure that staff can be properly supported by their line manager. The decision should only be made once Occupational Health advice has been obtained and there is an attendance review meeting. The reference period will apply in line with the relevant stage of the policy.

- 8.6 Advice must be sought from Occupational Health as to what they suggest are 'reasonable adjustments'. However it will be the line manager's decision as to whether those adjustments are also reasonable for the service. Any adjustments made must be discussed with the individual concerned
- 8.7 The amendment to the Disability Act (now Equality Act 2010) also introduced the concept of positive action where a disabled member of staff (if they are as qualified) can be treated differently in order to ensure they remain in work. e.g. an internal disabled applicant, who has been displaced from their current role, may be considered favourably against an able bodied candidate.
- 8.8 If an absence is related to a disability, these absences should be identified as such from other sickness absence and may also be managed under the long term sickness or ongoing health related absence procedures.
- 8.9 Where there is a lack of understanding, if the absences are linked to a disability Occupational Health and HR advice should be sought at the earliest opportunity.

9. SUBSTANCE MISUE

- 9.1 Where an employee's absence is as a result of a suspected or admitted substance misuse problem please refer to the organisations Substance Misuse Policy.

10. RETURNING TO WORK

- 10.1 Wherever possible the CCG will aid a return to work on a permanent basis. To establish the most effective way of doing this the organisation may seek further medical advice.
- 10.2 This may include making reasonable adjustments to the employee's job, allowing a phased return to work, or by allowing the employee to return to work on a reduced or alternative hours basis.

Phased Return

- 10.3 A phased return to work is a temporary arrangement and is a graduated return to the full duties and responsibilities of an individual's role. The CCG will support staff in facilitating a phased return to work following a prolonged period of ill-health, where the Occupational Health Team advise that a 'phased' return is likely to aid rehabilitation and a return to normal duties. Therefore, an Occupational Health referral is required in order to seek this guidance.
- 10.4 Where a phased return to work is recommended by the Occupational Health Service, or a medical practitioner, the employee will be able to return to work on a part-time basis whilst receiving their full pay. This will be for a maximum period of four weeks, thereafter the employee must either substitute their annual leave for days not worked or receive payment only for the hours worked.
- 10.5** Where an employee requests a phased return to work themselves, they must take annual leave for days not worked and will receive payment only for the hours worked or agree a plan for flexible working (manager may agree revised working hours to enable the employee to fulfil their contracted hours over a longer period of time). This will only be agreed in exceptional circumstances, by their line manager and any outstanding leave must be taken at the end of the sickness period. Where possible any

outstanding holidays should be used as part of any phased return to work plan.

- 10.6 Any phased-return to work should not exceed more than 4 weeks (unless in exceptional circumstances, with the recommendation of Occupational Health). Where it becomes apparent that there are doubts about the employee continuing to progress to their contractual hours and duties, Occupational Health advice should be sought.

Redeployment

- 10.7 If medical opinion is that an employee is unfit to return to their former employment, the possibility of alternative employment must be considered. (Please refer to the Redeployment Policy).
- 10.8 Where an employee's pay reduces because of ill-health or injury, and they have the required membership of the NHS Pension Scheme, or the New NHS Pension Scheme, their membership at the higher rate of pay may be protected.

Temporary Injury Allowance

- 10.9 Employees on sick leave, and receiving either reduced pay or no pay, as a result of an injury or illness that is wholly or mainly attributable to their NHS employment, will be eligible to apply for Temporary Injury Allowance. Applications should be made by the employee to their line manager who will make the decision on whether payment should be made, in conjunction with a HR representative. Further guidance may be sought from Occupational Health or NHS Pensions.
- 10.10 Employees do not need to be members of the NHS Pension Scheme to apply for Temporary Injury Allowance.
- 10.11 Temporary Injury Allowance will stop when the individual returns to work or leaves their employment.

Ill Health Retirement

- 10.12 Throughout the absence management options, such as rehabilitation, redeployment, part time working, job redesign etc must be considered in conjunction with the employee.
- 10.13 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.
- 10.14 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 final review hearing will be convened to agree a termination date. (see paragraph 10.20 dismissal on the grounds of capability)
- 10.15 This option should be discussed with an 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.
- 10.16 In cases where the individual has their contract of employment terminated on the

grounds of ill-health, application may be made to the NHS Pension Scheme for ill-health retirement where membership is held.

- 10.17 The decision to terminate of an individual's employment will not be determined by any outcome of an application to NHS Pension Agency for ill-health benefits. Any decision to permit an employee to retire on ill-health ground rests entirely with the Pensions Agency Medical Advisors.

Resignation

- 10.18 At any time during the process an employee may choose to resign from their employment. They are required to give their contractual notice and any outstanding accrued holiday entitlement will be paid in lieu.

- 10.19 Payment in lieu of notice may be agreed by the line manager if considered appropriate.

Dismissal On The Grounds Of Capability

- 10.20 Before dismissal is considered, all other options must have been discussed including reasonable adjustments and redeployment 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.

- 10.21 In cases of short-term absence, managers must also consider the potential loss of specialist knowledge/experienced member of staff, the cost of replacing the employee, whether or not any flexible working arrangements could be agreed etc.

- 10.22 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. This will be chaired by the appropriate manager with the authority to dismiss and will be attended by the employee in question, their line manager and a Human Resources representative. Employees have the right to be accompanied by a trade union representative or a work colleague.

- 10.23 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.

- 10.24 At this meeting the employee will have the opportunity to present their case and submit supporting evidence. The employee has the right to appeal this decision.

- 10.25 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 eg annual leave.

- 10.26 Where an employee is dismissed during the paid sick leave period they will be entitled to payment equivalent to their total occupational sick pay entitlement (full and half pay),

plus payment in lieu of contractual notice and any outstanding annual leave.

11 MATERNITY RELATED ABSENECE

Should an employee be absent from work due to pregnancy related sickness, these absences should be recorded separately and not counted towards absence triggers. However, the absence should continue to be monitored.

12. APPEAL

Employees may appeal against any decision made under this policy by writing to the appropriate manager, giving the reasons for appeal, within 10 working days of any action being taken.

Where there is an appeal against a dismissal, employees should address their appeal to the CCG Accountable Officer, outlining the reason for the appeal with 10 days of receipt of the letter.

Absence Management Policy

Stages of Absence Management and Improvement Notification.

	Period of Absence	Improvement Target	Action	Decision
Stage 1 Verbal Notification of unsatisfactory attendance	If the employee has had 4 occasions in 12 months or 12 days absence in any 12 month period they will be issued with Stage 1 notification	During the next 12 months, If the employee has a further 3 occasions or 10 days absence in total, they will progress to Stage 2	Attendance meeting: Review absence record and reasons for absence. Agree standard of attendance and support if necessary. Possible OH referral if needed	Decision in writing, copy kept on personal file Will remain on file for 12 months Right of appeal
Stage 2 First Written Warning	From the date of the Stage 1 meeting. If the employee has had 3 occasions or 10 days absence in total, they will progress to Stage 2	During the next 12 months, If the employee has a further 3 occasions or 10 days absence in total, they will progress to Stage 3	Attendance meeting: Review absence record and reasons for absence. Agree standard of attendance and support if necessary. Refer to Occupational Health	Decision in writing, copy kept on personal file Will remain on file for 12 months Right of appeal
Stage 3 Final Written Warning	From the date of the Stage 2 meeting. If the employee has a further 3 occasions or 10 days absence in total during, they will progress to the Stage 3	During the next 12 months, If the employee has a further 3 occasions or 10 days absence in total, they will progress to Stage 4, final review panel	Attendance meeting: Review absence record, reasons for absence and medical advice. Agree standard of attendance and support if necessary. Possible consider alternatives if necessary, adjustments	Decision in writing, copy kept on personal file Will remain on file for 2 years Right of appeal
Stage 4 Final Review Panel	During the next 2 years, if the employee has a further 3 occasions or 10 days absence in total, in any 12 month period, they will progress to Stage 4, final review panel	If the employee hasn't met the improvement notification issued at Stage 3 consider review or reissuing of improvement targets	Final Review hearing: Individual is invited to attend Hearing in front of impartial panel. Including Line Manager/ Associate Director / HR. Review absence record, actions taken to date to support improvement and any supporting medical advice. Any alternatives' to dismissal will be discussed including redeployment	Decision in writing, copy kept on personal file Possible outcome Dismissal Right of appeal

*Please note: The above triggers should be pro rata for Part time employees and calculated on

contracted days worked

Your HR Business Partner will support you with invite and outcome letters for the above stages.

Appendix 2 - Equality Impact Assessment

What impact will the new policy/system/process have on the following:
Age - Consider and detail age related evidence. This can include safeguarding, consent and welfare issues Appropriate methods of communication of the Policy have also been carefully considered to ensure they reach all ages of the workforce. Email and the internet can be accessed by all users in the workplace.
Disability - Consider and detail disability related evidence. This can include attitudinal, physical and social barriers as well as mental health/ learning disabilities The disability status of the workforce across the region is unknown therefore relevant tools could be made available to staff that potentially do have a disability that the organisations are unaware of. The policy should be able to be communicated in alternative methods as required for those with a disability and/or visual impairment such as braille, large font, interpreters etc.
Gender reassignment (including transgender) - Consider and detail evidence on transgender people. This can include issues such as privacy of data and harassment. The policy does not include content or vocabulary that could cause offense or discriminate against any staff members who have undergone or are undergoing gender reassignment or that identify as transgender.
Marriage and civil partnership - Consider and detail evidence on marriage and civil partnership. This can include working arrangements, part-time working, caring responsibilities. The content of this policy does not include content or vocabulary that discriminates against staff that may be married or in a civil partnership.
Pregnancy and Maternity - Consider and detail evidence on pregnancy and maternity. This can include working arrangements, part-time working, caring responsibilities. The policy does not discriminate against staff that are currently pregnant or on maternity leave and can be accessed while on maternity leave or any other leave of absence via the organisation's website.
Race - Consider and detail race related evidence. This can include information on difference ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers. The policy does not include vocabulary or content that discriminates against staff on the grounds of race.

Religion or belief - Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

The policy does not discriminate against staff that hold any particular religion or belief.

Sex/Gender - Consider and detail evidence on men and women. This could include access to services and employment.

The Policy does not discriminate between staff that are men or women.

Sexual orientation - Consider and detail evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.

The content of this policy and vocabulary used does not discriminate against staff based on their sexual orientation.

Carers - Consider and detail evidence on part-time working, shift-patterns, general caring responsibilities.

The content of this policy and vocabulary used does not discriminate against staff who have carer responsibilities.

Other Identified Groups and Health Inequalities - Consider and detail evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include different socio-economic groups, geographical area inequality, income, resident status (migrants, asylum seekers). What is the potential impact of your work on health inequalities?

Other groups have been considered however as the policy is for staff there are no additional impacts on health inequalities.

Alternative formats of this policy will be provided on receipt of individual request.