

# HR 20

## Supporting Attendance at Work Policy

### Policy applicable to:

NHS Guildford and Waverley CCG	✓
NHS North West Surrey CCG	✓
NHS Surrey Downs CCG	✓

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Approved by	Governing Bodies
Name of originator/ author	Becky Brewer – Head of HR
Owner (director)	Elaine Newton – Executive Director of Communications and Corporate Affairs
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**Working together as the Surrey Heartlands Clinical Commissioning Groups**

Guildford and Waverley CCG | North West Surrey CCG | Surrey Downs CCG

## Version control sheet

Version	Date	Author	Status	Comments/ changes since last version
0.1	05/11/2018	Head of HR	Draft	New policy
0.2	04/03/2019	Head of HR	Draft	Reviewed by JSPF
0.3		Head of HR	Final	Remuneration Committees in Common approved
1.0		Head of HR	Draft	
1.1	31/05/19	Governance Team	Draft	Minor formatting
1.1	31/05/19	Remuneration Committees	Final	Remuneration Committees approved with the following amendments: <ul style="list-style-type: none"> <li>• Section 4 included: Roles and Responsibilities.</li> <li>• Section 18: Continuous Service clarified.</li> <li>• Section 21: inclusion of a lay/ independent member in the appeals process.</li> </ul>
1.2	02/09/19	Governing Bodies	Final	Via Chairs' Actions

## Equality statement

The Surrey Heartlands' CCGs aim to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. We take into account the Human Rights Act 1998 and promote equal opportunities for all. This document has been assessed to ensure that no employee receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the member of staff has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

We embrace the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

See next page for an Equality Analysis of this policy.

## Equality analysis

Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act, such as people of different ages. There are two reasons for this:

- to consider if there are any unintended consequences for some groups
- to consider if the policy will be fully effective for all target groups

<b>Title of Policy:</b> Supporting Attendance at Work Policy	<b>Policy Ref:</b> HR 20
<b>Assessment conducted by (name, role):</b> Becky Brewer – Head of HR	<b>Start date for analysis:</b> <b>Finish date:</b>
<p><b>Give a brief summary of the policy. Explain its aim.</b></p> <p>The policy and procedure sets out the CCGs detailed arrangements for the management of sickness absence including the consideration and payment of injury benefits.</p> <p>The purpose of the policy and procedure is to clearly describe employees, managers, Occupational Health and Trade Unions' responsibility in supporting and managing a period of absence due to ill health.</p> <p>This policy promotes a culture to ensure that employees are aware that their regular attendance to work and contributions to the team is valued and recognised and aims to minimize the impacts of non-attendance at work.</p> <p>This is a revised policy across Surrey Heartlands' CCGs and is a combination of absence and health and wellbeing policies. The policies have been revised to provide a consistent approach to supporting staffs attendance at work.</p>	
<p><b>Who is intended to <u>benefit from</u> this policy? Explain the aim of the policy as applied to this group.</b></p> <p>All employees</p>	
<p><b>1. Evidence considered.</b> <i>What data or other information have you used to evaluate if this policy is likely to have a positive or an adverse impact upon protected groups when implemented?</i></p> <ul style="list-style-type: none"> <li>• Comparison of policies across North West Surrey, Surrey Downs and Guildford and Waverley CCGs as well as similar policies in other public bodies.</li> <li>• Demographic data</li> <li>• Result of recent staff surveys</li> <li>• Analysis of complaints of discrimination and previous grievances.</li> </ul>	

**2. Consultation.** Give details of all consultation and engagement activities used to inform the analysis of impact.

The review of the policy has been policy has been consulted with the Joint Staff Partnership Forum and is in accordance with NHS terms and conditions of employment which is a nationally agreed terms of appointment for NHS Staff. This policy is also therefore compliant with quality requirements.

**3. Analysis of impact**

In the boxes below, identify any issues in the policy where equality characteristics require consideration for either those abiding by the policy or those the policy is aimed to benefit, based upon your research.

Are there any likely impacts for this group? Will this group be impacted differently by this policy? Are these impacts negative or positive? What actions will be taken to mitigate identified impacts?

a) People from different age groups (Age)	No negative impacts identified at this stage of screening
b) People with disabilities (Disability)	Managers required to encourage consideration of reasonable adjustments at each stage of procedure, and to ensure that disability related sickness is dealt with in a non-discriminatory manner.
c) Men and women (Gender or Sex)	No negative impacts identified at this stage of screening
d) Religious people or those with strongly held philosophical beliefs (Religion or belief)	The Equality statement clearly highlights the responsibility of managers to ensure that consideration is given to the equality and diversity needs/requirements of staff when implementing this policy and procedure.
e) People from black and minority ethnic groups (Race)	No negative impacts identified at this stage of screening
f) People who have changed gender or who are transitioning to a different gender (Gender reassignment)	No negative impacts identified at this stage of screening
g) Lesbians, gay men, bisexual people (Sexual orientation)	No negative impacts identified at this stage of screening

h) Women who are pregnant or on maternity leave (Pregnancy and maternity)	Positive impact identified. Pregnancy related absences are treated differently to other ill health absences and therefore removes the potential to discriminate
i) People who are married or in a civil partnership (Marriage and Civil Partnership)	No negative impacts identified at this stage of screening
j) Carers	No negative impacts identified at this stage of screening
<p><b>If any negative or positive impacts were identified are they valid, legal and/or justifiable? Please detail.</b></p> <p>To avoid those under the Equality Act hitting triggers and being managed through formal triggers in the policy, further consideration will be given to the requirements of managing absence.</p>	
<p><b>4. Monitoring-</b> <i>How will you review/monitor the impact and effectiveness of your actions?</i></p> <p>Policy monitoring is an integral part of the policy cycle. The effectiveness of the policy will be assessed by the review of HR metric data.</p>	
<p><b>5. Sign off</b></p>	
<p><b>Lead Officer: Becky Brewer – Head of HR</b></p>	
<p><b>Date approved: 10/05/2019</b></p>	

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## **1. Introduction and Policy Objective**

- 1.1 This policy sets out the procedure for dealing with short-term and long term absence and/ or frequent/ recurring patterns of absence within Surrey Heartlands' CCGs.
- 1.2 Managers will distinguish between reported sickness and unauthorised absence where no acceptable explanation is given. Unauthorised absence will be managed through the Disciplinary Policy.
- 1.3 Whilst the information in this document sets out the procedure which managers should follow, it is recommended that advice should be sought from Human Resources when dealing with the management of either short term or long-term sickness absence.

## **2. Scope**

- 2.1 This Policy applies to all employees across Surrey Heartlands' CCGs.

## **3. Policy Statement**

- 3.1 The CCGs are committed to the health and well-being of all employees. It aims to provide the necessary support to employees who are genuinely sick and unable to come to work whilst also acknowledging the impact of repeated short-term absence on the service they provide and, wherever possible, will work with employees to reduce their absence.
- 3.2 Appropriate measures will be engaged to assist them to attend work and to ensure all employees are treated in a consistent, fair and compassionate manner.

## **4. Policy in Practice: Absence Notification Procedure**

- 4.1 Unless previously agreed, all employees must notify their line manager of absence from work, at least 30 minutes before the agreed start time. This contact should be made by telephone.
- 4.2 In exceptional circumstances an employee may be too ill to contact their manager themselves. In these instances, the employee must make arrangements for someone else to contact their manager on their behalf, usually the next of kin. Teams should adhere to their local notification procedure if further guidance is given.
- 4.3 Employees must talk directly to their line manager. Alternative methods of communications such as text messages, e-mail or leaving messages with anybody else are not considered appropriate, unless there are exceptional circumstances. If the line manager is unavailable, then the employee should contact an alternative nominated manager. Teams should adhere to their local notification procedure for further guidance.

- 4.4 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 time and date of the appointment.
- 4.5 Where possible, the manager should be advised of any outstanding work that may require urgent attention during the period of absence.
- 4.6 In cases of continued absence, employees and line managers should agree appropriate levels and methods of communication. As a minimum the employee must contact their line manager again on the third 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.
- 4.7 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 Human Resources.

## **5. Certification of sick leave**

- 5.1 Employees can self-certify absence for absences lasting seven calendar days or less.
- 5.2 If an absence exceeds seven calendar days, a fit note from the GP must be submitted/ uploaded on to Workforce, no later than the tenth day of absence, covering the absence from the eighth day. Thereafter, consecutive fit notes must be provided. Failure to provide consecutive fit notes may result in loss of payment as any absences not covered by current self-certificates and/ or fit note may be treated as unauthorised absence and will be unpaid.
- 5.3 The fit note is normally retained by the line manager and uploaded to the Workforce system with the paper copy kept in the employee's personal file with HR.
- 5.4 The statement of fitness to work, known as the 'fit note' was introduced in April 2010. The 'fit note' allows a doctor/ GP to advise whether an employee is either 'not fit to work' or 'may be fit to work'. If the doctor/GP suggests that they 'may be fit to work' there are options which may help to get the employee back to work including a phased return to work, amended duties, altered hours or workplace adaptations.
- 5.5 Any such recommendations should be discussed and agreed with the individual and line manager prior to commencement of work at a return to work

- 5.6 An employee who fails to comply with notification or certification procedures or who otherwise abuses the CCGs' rules on sickness absence may be dealt with under the CCGs' Disciplinary Policy

## **6. Return/ Returning to Work Discussion**

- 6.1 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 discussion should be held either on their first day back or as soon as reasonably practical. On occasions, return to work discussions may take place prior to the employees return to support the individuals return. The return-to-work discussion enables the line manager to confirm the details of the employee's absence and it also gives the employee the opportunity to raise any concerns or questions they may have, and to bring to attention any relevant matters. The line manager is then required to complete the return to work form in Workforce, which is then sent to the employee for final comment and approval.
- 6.2 Where a doctor has provided a certificate stating that the employee "may be fit for work" their line manager will usually hold a return-to-work discussion to discuss any additional measures that may be needed to facilitate their return to work, taking account of their doctor's advice or consideration of Occupational Health advice. Please refer to section 5.5 for further information.
- 6.3 At the return to work discussion the line manager will advise if the employee is at risk of triggering the formal sickness absence triggers. Once the Sickness Absence Triggers are met, the formal sickness absence process will be followed.

## **7. Occupational Health**

- 7.1 It may be necessary for an employee to undergo an occupational health assessment, which may occur prior to an employee's return to work or when an employee is attending work. Any referral to Occupational Health would be made in agreement with the employee and employer.
- 7.2 The aim of the Occupational Health assessment is to establish if there is any underlying health problem affecting the employee's attendance and/or performance at work. It is useful to have the Occupational Health report prior to any formal sickness absence review meetings.
- 7.3 Across Surrey Heartlands' CCGs there are 2 different providers for Occupational Health Services:
- North West Surrey use services from Health Management Ltd;
  - Surrey Downs CCG use local services from Epsom and St Helier Hospital; and

- Guildford and Waverley use local services from Robens Centre.

7.4 Referral methods to an Occupational Health service are therefore aligned to the individual CCGs however should an employee wish to seek alternative services, please discuss this with HR.

7.5 Please see available referral methods below:

#### 7.2.1. **Self-Referral**

- North West Surrey and Surrey Downs employees can seek the advice of the Occupational Health Department without approaching their line manager. This is called self-referral and can be made by the employee telephoning the Occupational Health department to make an appointment or by completing a self-referral form and emailing the details to Occupational Health. Details of the Occupational Health provider are available from Human Resources.
- Guildford and Waverley employees are not able to self-refer. Any discussions between the employee and the Occupational Health department will be confidential and will not be reported to the manager without the employee's consent or knowledge.

#### 7.2.2. **Management Referral**

- All managers across CCGs can refer an employee to the occupational health provider at any time via the Management Referral Form. The manager must advise and discuss with the employee the reasons for the referral and the advice being sought prior to making the referral. Managers may complete the referral form with the employee that will then be forwarded to the Occupational Health provider.
- The Occupational Health provider, with permission, will provide the referring manager with written guidance on the employee's health and medical issues following the appointment which may have some impact on the employee's ability to carry out their job. This should cover:
  - the nature of the illness;
  - the likely length of absence, frequency of absence;
  - suggested short term modifications to the post;
  - long term redeployment if appropriate; and
  - the likely effect of the medical condition on the employee's capability to do the job.
- This is considered to be a reasonable management request and the employee is obliged to attend. If an employee refuses to attend the manager may consider instigating the disciplinary procedure and any

decision regarding the employee's employment will be based on the information available to the manager and the organisation at the time.

- 7.6 The advice of the Occupational Health provider must always be sought as soon as long-term sickness is identified. Sometimes the Occupational Health specialist will need additional medical history from the individual's GP or specialist consultant. Written consent will be required from the employee for Occupational Health to obtain this information. If there is an external medical report and an Occupational Health report the Occupational Health report will take precedence.
- 7.7 All employees who suffer from ill health or have sustained an injury will be treated sympathetically and any employee who becomes aware that they have an illness is encouraged to inform their Manager at the earliest opportunity.

## **8. Risk Assessments**

- 8.1 Depending on the reason for absence, after a period of sickness it may be beneficial for the manager to carry out a risk assessment for the employee who is returning to work. Where applicable, risk assessments for stress or new/expectant mothers are strongly recommended.

## **9. Gradual Return to Work and Reasonable Work Adjustments**

- 9.1 A temporary alteration of duties and/or change of hours/ days worked may be considered on a short-term basis and in conjunction with Occupational Health. Where this is undertaken the details should be noted and a timetable and review period should be agreed with the employee. If the employee returns to work on reduced hours (normally for a maximum period of up to 4 weeks), the employee's salary will not be reduced if the gradual return to work has been recommended by Occupational Health.
- 9.2 The manager should consider, in line with Occupational Health advice, whether any reasonable adjustments can be made to the employee's current role which would enable them to return to work for a transitional period until they are fully fit. Workplace adjustments can be temporary or made on a permanent basis should this be required. Workplace adjustments should be regularly reviewed to determine whether they meet the individual's need and where they can reasonably be accommodated by Surrey Heartlands' CCGs. Workplace adjustments might include:
- modifying an individual's working hours;
  - providing help with transport to and from work;
  - allowing an employee to be absent from work for rehabilitation treatment;
  - enabling employee to work in a more accessible area;
  - making alterations to premises;

- providing new, or modifying existing equipment;
- modifying work furniture;
- providing additional training;
- modifying the duties of the role; and/ or
- regular work breaks.

9.3 If an employee is disabled or becomes disabled, the CCGs are legally required under the Equality Act 2010 to make reasonable adjustments to enable the employee to continue working – for example, providing an ergonomic chair or a power-assisted piece of equipment. Every effort will be made to ensure that individuals with a disability are not disadvantaged because of their disability. If their absence is related to disability, the records will be kept separate from other sickness absences however they will be recorded on workforce under the relevant section.

## **10. Pregnancy related illness**

- 10.1 Any illness which is recorded as ‘pregnancy related’ should not be used when considering the sickness absence triggers referred to in section 15. However, a supportive return to work meeting must be carried out following every episode of sickness and the ‘New and Expectant Mothers’ risk assessment reviewed as appropriate.
- 10.2 If an employee is absent from work due to a pregnancy related illness from the 36th week of pregnancy, maternity leave will automatically commence.

## **11. Accrual of Annual Leave and Sickness**

- 11.1 Employees on sick leave continue to accrue annual leave.
- 11.2 If an employee is unable to take annual leave in the relevant leave year due to sickness absence, the employee should be permitted to carry the statutory annual leave (20 days per year for full time staff) over to the next leave year.
- 11.3 If an individual is able to take their outstanding annual leave on their return to work before the holiday year expires, they should do so. If they choose not to, this holiday will be lost and cannot be carried over.
- 11.4 In accordance with the Surrey Heartlands’ CCGs’ Leave and Flexible Working Policy, an employee is required to obtain approval of all holiday dates, including any holiday taken during sickness or holiday entitlement accrued during sickness. Where an employee requests annual leave on the actual day of the absence stating that the reason for the absence is because they are feeling unwell, the organisation will consider on a case by case basis whether to approve annual leave. If not approved, the absence will be regarded as sick leave. Annual leave will normally only be granted at short notice (i.e. less than

5 working days of the leave being requested) or in emergency or urgent situations at the managers' discretion (in consultation with Human Resources).

- 11.5 Employees can request annual leave during sickness absence and should be allowed to do so unless the holiday would have a detrimental impact on the employee's wellbeing and potential return to work. This should be made in agreement with the employee's line manager and HR who may consult with the respective CCG's Occupational Health provider for further guidance. Employees can also request to use their annual leave as part of a phased return. The manager and employee should agree arrangements for the leave to be taken either prior to or immediately following the sickness period.
- 11.6 If the employment is terminated before an employee returns from sick leave, he/she will receive a payment in lieu of any accrued holiday entitlement for the holiday year in which the employment is terminated.

## **12. Sickness during Annual Leave**

- 12.1 If an employee falls sick during a period of annual leave either in this country or overseas and the period of incapacity interrupts the period of leave, then they may count the annual leave as sick leave provided they;
- Notify their line manager either in writing or by telephone at the earliest, 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.
- 12.2 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.

## **13. Sickness Prior to Taking Annual Leave**

- 13.1 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.
- 13.2 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 procedure.

## **14. Dentists, Doctors, Opticians and Other Health Appointments**

- 14.1 Whenever possible, appointments to visit the dentist, doctor, optician or other health professional should be outside of normal working hours. Where this is not possible, disruption must be kept to a minimum by arranging the

appointment at a time which will result in least impact on the service and agreed in advance with the line manager.

- 14.2 Recognising there is less flexibility for hospital appointments, if these fall at a time when the individual would have normally been working and where an appointment letter is provided, employees will be released with pay.
- 14.3 For any other appointment in working time, staff may be required to make up time or take annual leave by agreement in advance with the line manager.

## **15. Sickness Absence Triggers**

- 15.1 This procedure will be used where an employee's attendance record is giving cause for concern. Sickness absence triggers are reached when:
- there have been 4 episodes of absence in a rolling 12-month period; or
  - there is a noticeable pattern to the sickness episodes, e.g. as predominantly Mondays or Fridays; or
  - there is an accrued cumulative total of 8 working days of self-certified sickness absence (pro rata for part time staff) in a rolling 12-month period.

## **16. Formal Absence Meetings**

- 16.1 Once any of the above triggers have been reached, a meeting will be conducted by the line manager to discuss the absence. Prior to formal action being taken, advice must be sought from Human Resources. It is useful to have the Occupational Health report prior to any formal sickness absence review meeting.
- 16.2 An absence management process is necessary to ensure that full support is provided to the employee, together with monitoring where necessary. The aim is to ensure fair and effective management of sickness absence.
- 16.3 Managers should exercise discretion to manage situations sensitively when there is an understandable reason for the absence. It is important for managers to ensure that employees do not feel compelled to attend work when they are unwell and must on no account allow employees to work who are obviously in an unfit state of health.
- 16.4 Sickness absence is not a disciplinary matter, although in managing sickness absence, employees may progress through a series of formal stages. These stages are to support the individual to achieve an acceptable level of attendance and to inform them of the potential consequences of further periods of sickness absence so that the process is open and transparent.
- 16.5 During any hearings, formal meetings or appeals relating to the formal absence procedure, employees will be entitled to be accompanied by a work colleague or a Trade Union representative. The employee will be allowed to confer with the colleague or representative during the meeting, however, the colleague or

representative does not have the right to answer questions on behalf of the employee. It is the employee's responsibility to make arrangements to be accompanied.

16.6 The colleague or representative is a matter of choice for the employee, but the CCG/s reserves the right to refuse to accept a colleague or representative whose presence would undermine the process, or where it deems the choice of colleague or representative to be unreasonable e.g. someone from a remote geographical location which would delay the process when there is someone suitable, willing and available at a nearer or the same location. Work colleagues are not obliged to agree to accompany employees if requested. Colleagues or representatives will be given appropriate paid time off to allow them to accompany colleagues at a formal hearing.

16.7 Employees must take all reasonable steps to attend all sickness absence meetings. Failure to do so without good reason may be treated as misconduct. If the employee or his or her colleague or representative is unable to attend they should immediately inform their line manager who will seek to agree an alternative time usually within 5 working days following the date of the original meeting.

#### 16.8 **Stage 1: First formal sickness absence meeting**

16.8.1 Stage 1 will be applied where sickness absence triggers as set out in 15.1 have been met. Stage 1 meeting is a supportive process to discuss the reasons for absence and to support an employee to be able to attend work. It might simply be, by having this conversation the employee was unaware of their absence history.

16.8.2 The purpose of a first formal sickness absence meeting is to:

- Discuss the reasons for absence;
- Determine how long the absence is likely to last and any support that can be identified to facilitate a return to work;
- Determine the likelihood of further absences;
- Discuss the Occupational Health report (if applicable) to identify any underlying medical condition;
- Consider support to improve the employee's health and/or attendance; and
- Agree a way forward which can include temporary alternative duties, action that will be taken and a time-scale for review and/or a further meeting under the attendance management procedure.

16.8.3 Details of the meeting and any agreed outcomes, which could amount to a verbal warning, will be confirmed in writing to the employee and a copy will be held on their personnel file for a period of 6 months. The employee will have the right of appeal, the details of which will be mentioned in the letter.

16.8.4 Managers must continually monitor absence and, if there are further periods of sickness absence which triggers in line with 15.1 the attendance management policy, progress will be made to Stage 2 of the formal process.

## 16.9 **Stage 2: Further sickness absence meeting**

16.9.1 If further periods of absence lead to one of the triggers as detailed in 15.1 above, a Stage 2 review will be conducted

16.9.2 The purpose of the Stage 2 review may include:

- Discussing the reasons for and impact of the employee's on going absence(s);
- Determining how long the absence is likely to last and any support that can be identified to facilitate a return to work;
- Where an employee has been absent on a number of occasions, discussing the likelihood of further absences;
- Considering medical advice and whether further advice is required;
- Considering any adjustments that can reasonably be made to the employee's job to facilitate a return to work;
- Consider any possible adjustments that can be made reasonably to assist the employee;
- Where an employee is able to return from long-term sick leave, to their substantive role or redeployed into another suitable post, agreeing a return to work programme; and/ or
- Agreeing a way forward, the action that will be taken and a time-scale for review, and/ or whether further meeting(s) are required. This may, depending on steps already taken, include advising the employee that dismissal on the grounds of ill health could be an emerging option.

16.9.3 Details of the meeting and any agreed outcomes, which could be a formal written warning, will be confirmed in writing to the employee and a copy will be held on their personnel file for a period of 12 months. The employee will have the right of appeal, the details of which will be mentioned in the letter. They will also be advised that a failure to improve their attendance may result in progression to Stage 3.

16.9.4 Managers will continue to monitor the employee's absence and if they reach the triggers set in the policy again, they will be required to attend a Stage 3 meeting.

## 16.10 **Stage 3: Final sickness absence hearing**

16.10.1 Where sickness absence continues to cause concern or hits further triggers as detailed in 15.1 above an employee will be invited to a hearing under the third and final stage of the absence management procedure. The hearing will take

place with an impartial panel, including the line manager and Human Resources. The purposes of the meeting will be:

- To review the absence records and the actions taken to date to support improvement;
- To consider any supporting medical advice;
- To explore the likelihood of the employee achieving the desired level of attendance in a reasonable timeframe;
- To explore and understand any alternatives to termination of the employee's employment on the grounds of ill health;
- To review the meetings that have taken place and matters discussed with them; and
- To consider any further matters the employee may wish to raise.

16.10.2 Details of the hearing and any agreed outcomes will be confirmed in writing to the employee. This may trigger a dismissal process, in line with section 20.0 below. Contractual notice must be given to a member of staff whose contract is being terminated on grounds of ill-health. The employee will have the right of appeal, the details of which will be mentioned in the letter.

## **17. Long Term Ill Health – in excess of 28 calendar days**

- 17.1 Long term sickness absence due to serious illness or injury should be handled sensitively and fairly to ensure employees are supported as far as possible to return to work. Long-term absence is classed as absence in excess of 28 calendar days.
- 17.2 Employees must continue to provide medical certificates while on long term sickness and keep their managers informed of their progress regularly.
- 17.3 In all cases of long-term absence, Occupational Health advice must be sought.
- 17.4 The 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 as appropriate. The meetings should be recorded and notes sent to the employee concerned. Employees may be accompanied by a workplace colleague. The frequency of such meetings will depend upon the circumstances of the individual case.
- 17.5 The purpose of these meetings is to allow all parties to consider a range of options that may be available. These options could include, but are not limited to:
- Possibility and likelihood of a return to work and when;
  - Reasonable adjustments that could be made to encourage a return to work;

- Phased return to work, if OH feel it will aid in rehabilitation;
- Possible, redeployment and exploring alternative employment;
- In the case of a disability as defined by the Equality Act 2010, identifying and implementing 'reasonable' adjustments;
- Ill Health retirement; and/ or
- Termination of contract on the grounds of medical capability – the organisation would only ever consider this after exhausting all other options.

17.6 Where an employee is returning to work on a phased return this should be limited to a maximum of 4-6 weeks unless there are exceptional circumstances requiring a longer phased return period.

## 18. Occupational Sick Pay

18.1 Provided employees comply with the notification and certification procedures above, the CCG will pay Occupational Sick Pay during periods of absence due to sickness according to length of service.

18.2 An Employee's entitlement to Occupational Sick Pay in accordance with NHS Terms and conditions based on an employee's continuous service date. This date is calculated by completed months/ years of service continuous NHS Service with a break of less than 12 months. Should an employee have non-NHS service approved as counting towards continuous service upon appointment this will also be reflected in an employee continuous service date.

18.3 The following table sets out the maximum entitlement to the occupational sick pay:

Period of Service	Period of Full Pay	Followed by period of Half Pay
0 – 12 months	1 month	2 months
1 – 2 years	2 months	2 months
2 – 3 years	4 months	4 months
3 – 5 years	5 months	5 months
Over 5 years	6 months	6 months

18.4 Entitlement to Occupational Sick Pay will be calculated on the first day of any absence due to sickness or injury. Any days of absence due to sickness or injury is calculated on a 12-month rolling basis and shall be deducted from the relevant maximum entitlement above.

18.5 Any payment of Occupational Sick Pay will offset any entitlement to Statutory Sick Pay due for the same period.

- 18.6 The CCG/s reserve the right to withhold payment of Occupational Sick Pay where, an employee has been found in breach of these procedures under the CCGs' disciplinary procedure where abuse of the scheme once proven.
- 18.7 Should an employee sustain an injury whilst undertaking a sporting activity in a professional capacity or as a result of any secondary employment that results in their sickness absence from work, then sick pay is not normally payable for this period.

## **19. Falsification of absence**

- 19.1 Action, including dismissal, may be taken against an employee in accordance with the Disciplinary Policy in the following instances:
- an employee knowingly gives any false information or makes false statements about their sickness;
  - an employee undertakes work (whether paid or unpaid) for another employer or in their own business or enterprise during periods when they are either self or medically certified as sick unless evidence is provided that it is of therapeutic benefit; or
  - it is found that during a period of absence an employee is acting in a manner inconsistent with the reason for the absence or not aiding their return to work.
- 19.2 If there is an allegation of fraud or corruption advice must be sought from the Local Counter Fraud Specialist. The employee concerned must not be informed of the allegation prior to such advice and only if the Local Counter Fraud Specialist confirms. Any employee who unreasonably fails to comply with the CCGs' Sickness Absence Policy may have their occupational sick pay withheld. Any decision to withhold sick pay must be made in conjunction with Human Resources. Advice may also be sought from the CCG's Occupational Health provider.

## **20. Termination of Employment**

- 20.1 The termination of an employee's contract of employment must be considered as a last resort where:
- For unsustainable business reasons the employee's job cannot be kept open any longer;
  - Alternative employment has not been secured;
  - Ill-health retirement is not possible; and/ or
  - When the employee is not in agreement with taking retirement on the grounds of ill-health.

- 20.2 The employee must be seen by their manager and a member of Human Resources at a formal meeting. The manager must ensure that the employee fully understands the reasons for dismissal and that all relevant information provided by the employee has been fully considered.
- 20.3 The letter of dismissal must be sent with due contractual notice by the manager within 5 working days of the meeting. The letter must set out the full reasons for dismissal.
- 20.4 The employee is entitled to receive paid notice in accordance with their contract and their notice period is paid at full pay. Any outstanding annual leave accrued up until the last day of notice should also be paid and will be outlined in the formal letter.
- 20.5 The length of an employee's occupational sick pay is not a contractual entitlement and employees may be dismissed before occupational sick pay runs out. If the long-term prognosis is poor, it is not necessary to wait until the exhaustion of sick pay before terminating an employee's contract of employment or commencing the process to terminate the employment.
- 20.6 If an employee is unable to return to work from long-term sickness absence and where they are a member of the NHS Pension Scheme, a discussion will take place with them to determine whether they are entitled to make an application for ill-health early retirement or any temporary/permanent injury allowance.

## **21. Appeal**

- 21.1 If the employee feels that the decision about the action taken under this Policy is wrong or unfair they have the right to appeal in writing, stating their grounds of appeal to their manager within 7 working days of the date on which they were informed in writing of the decision. It is not sufficient merely to disagree with the decision made. They must stipulate their full grounds of appeal in writing, which should be one or more of the following:
- New evidence that was not previously obtainable;
  - Failure to follow the Policy; and/ or
  - The level of sanction received.
- 21.2 If the employee is appealing against dismissal, the date on which dismissal takes effect will not be delayed pending the outcome of the appeal. However, if their appeal is successful they will be reinstated with no loss of continuity or pay. If they raise any new matters in their appeal, further investigation will need to be carried out. If any new information comes to light the employee will need to be provided with a summary including, where appropriate, copies of additional relevant documents and witness statements. The employee will have a reasonable opportunity to consider this information before the hearing.

- 21.3 The employee will be given written notice of the date, time and place of the appeal hearing. The appeal hearing will be held as soon as reasonably practicable, but the employee will be given a reasonable amount of time to prepare their case.
- 21.4 Where possible, the appeal hearing will be conducted by another manager at the same level or more senior and who has not been previously involved in the case. A member of the Human Resources Department will also usually be present. The employee may bring a representative with them to the appeal hearing.
- 21.5 The nominated Chair of the appeal hearing should look to seek the opinion of a Lay/ Independent member, where possible, ahead of the hearing to obtain a 'neutral' view, given the outcome is within a final escalation stage internally.
- 21.6 A hearing may be adjourned to gather any further information or to consider matters discussed at the hearing. The employee will be given a reasonable opportunity to consider any new information obtained before the hearing is reconvened. Following the appeal hearing the CCG/s may:
- confirm the original decision; or
  - revoke the original decision; or
  - substitute a different penalty.
- 21.7 The final decision will be confirmed to the employee in writing as soon as possible. There will be no further right of appeal.

## **22. Associated Documentation**

- 22.1 This policy should be read in conjunction with the CCGs' Leave and Flexible Working Policy, Disciplinary policy and the NHS terms and conditions of service handbook.

## 23. Appendix 1 – Procedural Document Checklist for Approval

Title of document being reviewed:		Yes/No/ Unsure	Comments/ Details
<b>A</b>	<b>Is there a sponsoring director?</b>	Yes	
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Yes	
<b>3.</b>	<b>Development Process</b>		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Yes	
	Is the target group clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
<b>6.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Yes	
<b>7.</b>	<b>Dissemination and Implementation</b>		
	Is there an outline/plan to identify how the document will be disseminated and implemented amongst the target group? Please provide details.	Yes	
<b>8.</b>	<b>Process for Monitoring Compliance</b>		
	Have specific, measurable, achievable, realistic and time-specific standards been detailed to <u>monitor compliance</u> with the document? Complete Compliance & Audit Table.	Yes	
<b>9.</b>	<b>Review Date</b>		

Title of document being reviewed:		Yes/No/ Unsure	Comments/ Details
	Is the review date identified?	Yes	
<b>10.</b>	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for implementing and reviewing the documentation i.e. who is the document owner?	Yes	
<b>Director Approval</b>			
On approval, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name		Date	
Signature			
<b>Committee Approval</b>			
On approval, Chair to sign and date.			
Name		Date	
Signature			

## 24. Appendix 2 – Compliance and Audit Table

<b>Criteria</b>	<b>Measurable</b>	<b>Frequency</b>	<b>Reporting to</b>	<b>Action Plan/ Monitoring</b>
<b>Reporting of attendance levels</b>	100%	Quarterly	Remuneration Committees	HR Dashboard
<b>Monitoring of absence and formal cases</b>	100%	Monthly	HR Team Meeting	ER Log ad HR system reporting