

Managing Sickness Absence Policy

Policy reference – HR006

SUMMARY	This policy outlines the organisation’s approach to managing sickness absence. It promotes communication between the employee and their line manager as an aid to identifying the levels of support available for the employees from within the organisation. The organisation will operate a fair and consistent approach when managing attendance issues, whilst acknowledging the importance of the consideration of individual circumstances where appropriate.
AUTHOR	Human Resources
VERSION	2.0 FINAL
EFFECTIVE DATE	July 2018
APPLIES TO	Applicable to all CCG employees
APPROVAL COMMITTEE	CCG Remuneration Committee
REVIEW DATE	July 2021

This policy has been aligned to Greater Huddersfield and North Kirklees CCG’s in light of shared staff working across the CCG’s.

THIS POLICY HAS BEEN SUBJECT TO AN EQUALITY IMPACT ASSESSMENT

VERSION CONTROL SHEET

Version	Date	Author	Status/Approval Body	Circulation
0.1	Sept 2013	Kelly Brook	Draft	To share with SMT for comments
0.2	18.11.2013	Kelly Brook	Draft	Updated following comments from SMT
0.3	20.10.2014	Stacey White	Draft	Updated following comments from SPF
1.0	09.06.2015	Kelly Brook	Final	Updated with minor amendments from Remuneration Committee. Policy approved.
1.1	05.02.2018	Tazeem Hanif	Draft	Revised policy aligned to GH/NK CCG's submitted to SMT for comment – policy approved.
1.2	12.06.2018	Tazeem Hanif	Draft	Policy agreed by Trade Unions at the Social Partnership Forum
2.0	19.07.2018	Tazeem Hanif	Final	Policy approved by the Remuneration Committee, in line with the electronic policy approval process.

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1. POLICY STATEMENT

- 1.1. The Clinical Commissioning Group (CCG) recognises the importance of balancing the health needs of employees with the needs of the CCG. It is important that employees keep in touch with their line manager so that the CCG can plan effectively and support them when they return to work.
- 1.2. Encouraging employees to attend work, and supporting them back into the workplace after absence is known to support employee health and wellbeing, and improve CCG effectiveness.
- 1.3. The overall purpose of the policy is to set out the CCG's approach to the management of sickness absence. Reasonable adjustments will be considered and implemented for disabled employees. This document also sets out **a framework** for employees and line manager's about their responsibilities in relation to sickness absence management.
- 1.4. This policy will apply to all employees and should be read in conjunction with the sickness absence section contained within the Agenda for Change Terms and Conditions Handbook (<http://www.nhsemployers.org/tchandbook>).

2. PRINCIPLES

2.1. Definitions

Short Term Absence	Short term sickness is identified as a period of absence of less than 28 days that can be a series of absences or often unconnected.
Long Term Absence	Absences that are at least 28 calendar days

- 2.2. It is acknowledged that on occasion people may be away from work on a long-term basis as a result of ill health. Although each case will be dealt with on an individual basis this policy outlines principles that will always be observed.
- 2.3. This policy enables line managers to respond to 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 in line with policy taking individual circumstances into account.
- 2.4. It should be noted that all other types of absence should be dealt with in accordance with the appropriate policy, e.g. maternity, adoption, employment break, etc.
- 2.5. Confidentiality will be maintained in all aspects of absence management and records will be stored and processed in line with Data Protection legislation and the Common Law Duty of Confidence.
- 2.6. Regular attendance at work is a contractual requirement but the CCG recognises that anyone may become unwell and need to take sickness absence.

- 2.7. The CCG offers an Occupational Health service through an independent organisation. This is to help the employee and the CCG understand any support that may be needed to ensure regular attendance, and to help employees to be able to carry out their role. A referral will be made in cases of long term sickness absence (where applicable). Where short term absences give rise for concern; a referral should also be considered. As a supportive mechanism a line manager may consider making an occupational health referral in circumstances where an individual remains attending work. This will only ever be done as a supportive and preventative measure and with the consent of the employee.
- 2.8. Employee consent will not be required for an occupational health referral in circumstances where management agree to a leave of absence on medical grounds (further information can be found in section 27 of this policy).
- 2.9. In dealing with sickness absence cases, line manager's must be mindful of obligations that they, and the CCG may have under the Equality Act 2010 when identifying whether or not an employee is covered by the Act. For example a long term condition may be defined as a disability and, advice can be sought from the appropriate clinical professionals through the Occupational Health service or HR.
- 2.10. Advice should be taken by line managers from Human Resources at all formal stages of this policy to ensure the consistent application of this policy. Employees can also approach Human Resources and/or their Trade Union representatives for advice and support at any time.

3. RESPONSIBILITIES

- 3.1. Good working relations are vital for the CCG to operate successfully and provide services. There is a joint responsibility for management, Trade Unions and employees to accept the responsibility of working together with the shared intention of facilitating good working relations.

3.2. Line Managers

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

- Ensuring that they are familiar with this policy and their obligations in relation to the management of the policy;
- Ensuring that all employees are aware of the policy and their arrangements for reporting sickness absence;
- Ensuring appropriate communication channels are established and maintained with absent employees – see also section 9;
- Ensure relevant assessments are undertaken following recommendations or advice, e.g. Health and Safety Executive stress assessment, occupational health report or workstation assessment;
- Dealing with any agreed actions in a timely manner, balancing the needs of the individual with those of the CCG;
- Maintaining and retaining accurate records of all absences and discussions in line with guidance in this policy and relevant legislation, for instance Data Protection legislation;
- Responsible for preparing for and chairing all formal sickness meetings and writing outcome letters to employees, guidance is available from HR;

- Conducting effective return to work meetings after each individual episode of sickness (appendix 2). A copy must be sent to Human Resources including fit notes (where applicable);
- Maintaining appropriate levels of confidentiality at all times in line with relevant legislation;
- Responsible for making occupational health referrals as appropriate in consultation with a Human Resources representative and in accordance with this policy. In addition to sharing the report with the employee and obtaining prior approval when making the referral;
- Attending training provided on managing sickness absence, policy updates, and/or legislation;
- Identifying a 'nominated deputy' for employees to report sickness absence to during periods of annual leave/out of the office/non-working time and communicate this to employees;
- Advise the Local Counter Fraud Specialist of any suspicions of fraud in line with the Fraud, Bribery and Corruption Policy.

3.3. **Employees**

It is the responsibility of the employee to:

- Ensure regular attendance at work;
- Report absences promptly to their line manager, or 'nominated deputy'. This should be as soon as reasonably practical, unless there are exceptional circumstances (e.g. due to an urgent admission to hospital). This needs to be by telephone. During this telephone call the individual will be asked to provide information about the reason for their absence and when they expect to return to work (if known). This is to enable the line manager to support the individual appropriately, to ensure the organisation fulfils its duty of care and to ensure workload planning to cover the individual's absence. **Text message or email correspondence** is only acceptable where the individual is contactable by their line manager on the same day;
- Communicate appropriately with their line manager when there is continued absence from work. For short term absences, it is expected that the individual should update their line manager daily (unless otherwise agreed between both parties following discussion on the expected date of return). This is to ensure regular dialogue to help workload planning, and to reflect the importance of the relationship between an individual and their line manager in managing and supporting attendance at work;
- Co-operate fully in the use of these procedures including submission of fit notes, attending management and occupational health meetings. Failure to comply (unless there are mitigating circumstances) may be treated as misconduct under the Disciplinary Policy and procedure and could result in pay being withheld. Information may also be passed to the Local Counter Fraud Specialist for Criminal Investigation;
- Attend review meetings, and return to work meetings with the appropriate manager when discussing periods of absence or planning return to work, reasonable adjustments or alternative employment;
- Take positive steps to ensure their own physical and mental wellbeing and that of others in the workplace;
- Responsible for repaying the CCG any occupational sick pay received when damages are received from a third party.

3.4. **Human Resources**

The key responsibilities for Human Resources are:

- The Human Resource representative will provide advice and support on all aspects of this policy;
- Responsible for assisting line managers with complex cases, and in the formal stages of the process.

4. GENERAL POINTS

- 4.1. 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. The employee may also be liable for prosecution and civil recovery proceedings.
- 4.2. As a general rule, employees are advised not undertake any other employment or work if absent due to sickness unless this is approved in writing by the employee's line manager in consultation with Human Resources under the Working Time Regulations Policy for secondary employment. Any employee found to be working for another employer or organisation whilst on sick leave from the CCG (where this has not been agreed) may be subject to a disciplinary or criminal investigation please refer to the CCG's Disciplinary Policy and Procedure and to the CCG's Local Counter Fraud Specialist.
- 4.3. Any employee who fails to comply with the CCG's Managing Sickness Absence Policy may have their occupational sick pay withheld. Any decision to withhold sick pay must be made in conjunction with advice from HR and discussion with the employee and their representative (where applicable). Advice may also be sought from the CCG's Occupational Health Provider. This action will not be taken without the prior discussion with the employee and their representative.
- 4.4. The CCG reserves the right to request a Fit Note or Doctor's letter for periods of absence of less than seven calendar days in cases of short-term repeat occurrences. However this should normally follow an occupational health referral where there is no identified medical reason for continued short-term repeat occurrences. Furthermore, this option should only be used for a finite period and should be reviewed on a regular basis. The employee may incur a cost in obtaining a Fit Note or Doctor's letter where there is managerial concern and the self-certification is not sufficient. This would need to be repaid by the CCG.
- 4.5. Any decision to dismiss an employee on capability grounds will be subject to clinical advice. Further information can be found in section 29 of this policy.

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 by exception, an equivalent level manager from elsewhere within the CCG (or Partner organisation where the employee is in a shared post).
Formal Procedure (First and Second Stage Meetings)	Line manager or equivalent level manager from elsewhere within the CCG (or Partner organisation where the employee is in a shared post), or more Senior Manager including a HR representative.
Appeal Following Formal Procedure	Line manager's manager or equivalent who has not been previously involved including a HR representative.
Formal Procedure (Third Stage Final Review Meeting)	Undertaken by an appropriate member of the Senior Management (SMT) team, plus one other manager and a HR representative
Appeal Against Dismissal	Undertaken by two alternative, appropriate members of SMT plus one HR representative.

6. EQUALITY STATEMENT

- 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, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, carers and sexual orientation. A consistent Equality Impact Assessment is used for all policies and procedures.

7. ACCOUNTABILITY

- 7.1. The Chief Officer is accountable for this policy.

8. IMPLEMENTATION AND MONITORING

- 8.1. The Remuneration Committee is responsible for the formal approval of this policy. Following approval, the policy will be disseminated to staff via internal communication methods and available through the staff intranet.
- 8.2. The policy and procedure will be reviewed periodically by the HR Team in conjunction with Trade Union representatives. Where review is necessary due to legislative change, this will happen sooner.

9. PROCEDURE FOR REPORTING ABSENCE

- 9.1. All employees must contact their line manager on the first day of absence as soon as is reasonably practicable (see 3.3). The only exception is where it is clearly not possible for employees to ring personally, such as admission to hospital or other extenuating circumstances.
- 9.2. Employees are encouraged, where possible, to talk directly to their line manager when reporting absences. If the line manager is unavailable, then the employee should contact an alternative nominated manager to ensure that the CCG is appropriately informed of the absence and able to respond accordingly. Alternative methods of communications such as **text messages or e-mails** are only acceptable if the employee is contactable by their line manager on the same day or there are exceptional circumstances.
- 9.3. When reporting sickness absence employees must give the following information:
- The reason for the absence (if known);
 - The expected length of absence (if known);
 - When the next contact between the line manager and the individual will take place (this should normally be a daily occurrence for short-term self-certified absences unless otherwise agreed between both parties following discussion on the expected date of return). It is normally expected that the individual will contact the line manager unless otherwise agreed.
 - Whether a visit will be made to their GP, and if so, the date (where known) of the appointment;
 - Contact details whilst absent for your line manager for the anticipated period of absence.

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.

- 9.4. In line with statutory sick pay guidance and ESR recording systems, absence is recorded in calendar days (including weekends) from the date of the notified absence until the day when it is notified that the employee is fit to return to work.

For example, an employee is due to work on Monday, Thursday and Friday in a particular week and notifies their line manager they are sick and will not be able to attend work on Monday. If the employee attends work on the Friday then they will have been absent for 4 days (Monday to Thursday), if the employee is fit to work on Tuesday (even though they are not due to work) then they should inform their line manager on Tuesday and return to work on Thursday. The employee will then be recorded as having one day's sickness absence (Monday).

- 9.5. Where an employee becomes sick during the course of the working day and needs to go home they will need to report this to their line manager or nominated manager as detailed in paragraph 9.2. If the employee has worked more than half their normal working hours for the day, this will not be recorded as sickness absence for payroll purposes. The line manager or nominated manager however, will be required to keep a record of such absences as it may contribute to patterns of absence.

- 9.6. In cases of continued absence, employees and line managers should agree appropriate levels, and methods of communication. The employee and the line manager must decide upon the frequency of further/continued contact and the form that this will take. It is not sufficient to provide fit notes as a means of maintaining contact. Unless there is a specific reason agreed by exception between the absent employee and their line manager it is advised that weekly contact is appropriate during long term sickness by phone or agreed otherwise between both parties.
- 9.7. It should be noted that, in circumstances where the line manager can demonstrate that they have made all reasonable endeavours (in the form of telephone calls, text/email or letter) to maintain contact, a failure on the part of the employee to maintain contact as per the agreement with the line manager, may result in disciplinary action or 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, the employee and their representative.

10. Notifying Return to Work

- 10.1. Employees must contact their line manager, or nominated manager, prior to returning to work following any sickness absences. If an employee returns to work before the expiry of a fit note they must discuss the circumstances with their line manager. If the fit note states 'may be fit for work' the employer should consider any changes required to enable the employee to return to work i.e. temporarily working different hours or undertaking different duties / tasks.
- 10.2. In some circumstances it may not be possible for the CCG to agree to an employee returning to work before the end date of a fit note and an employee may be advised to seek further advice from their GP.

11. EVIDENCE OF INCAPACITY FOR WORK

- 11.1. For absences lasting seven calendar days or less, on the first day back at work, employees will be required to complete an Employee Statement of Sickness found in appendix 2 and should include the reason for absence. The certificate will be countersigned by their line manager and a copy passed to HR.
- 11.2. If an absence exceeds seven calendar days a fit note must be submitted to the line manager, no later than the tenth day of absence, covering the absence from the eighth day. If the employee is unable to get a Doctor's appointment, they should communicate this with their line manager or nominated manager and confirm when they have got an appointment. Where an employee is unable to forward the original fit note before the tenth date, they can send an electronic copy either via text or email but the original must be received as soon as possible. The original fit note should be received by the line manager and a copy passed to HR. The line manager will be responsible for recording the absence on the Electronic Staff Record (ESR).
- 11.3. 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 an Employee Statement of Sickness found in appendix 2 in respect of the first seven days or less not covered by a fit note.
- 11.4. Failure to submit consecutive fit notes in a timely manner may be considered a breach of the CCG's Managing Sickness Absence Policy and may invoke the Disciplinary Policy and Procedure. Such periods of unauthorised absence could result in suspension of pay until the submission of a fit note. This action would only be taken with the prior communication with the employee and their representative.

- 11.5. If the fit note does not specify the period of absence covered, it will be taken as covering a period of seven calendar days only.
- 11.6. For reporting and policy purposes, reports will show long-term absence as at least 28 calendar days. See 9.4 for further guidance on ESR reporting.

12. STATEMENT OF FITNESS TO WORK (FIT Note)

- 12.1. The statement of fitness to work, known as the 'fit note' allows a doctor to advise whether an employee is either:
- Not fit to work
 - May be fit to work
- 12.2. If the doctor 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 adaptations
- 12.3. Any such recommendations should be discussed and agreed with the individual and line manager prior to commencement of work at a return to work interview to determine if they would work for the employee and the business. Where adjustments to the role can be made and are in place, the employee will be expected to return to work. Where it is not possible to accommodate the suggested adjustments, the employee will not be able to return to work and will still be off sick. Further advice is available at <https://www.gov.uk/government/collections/fit-note> . If a line manager is concerned about what is reasonable they should seek advice from HR, employees can talk to their Trade Union representatives.

13. EMPLOYEE OCCUPATIONAL SICK PAY ENTITLEMENTS

- 13.1. The amount of paid sickness leave entitlement depends on length of service detailed in the Agenda for Change Terms and Conditions Handbook (<http://www.nhsemployers.org/tchandbook>) and outlined below:

Length of recognised NHS service	Full pay entitlement	Half pay entitlement
During 1st year of service	1 month	2 months
During 2nd year of service	2 months	2 months
During 3rd year of service	4 months	4 months
During 4 th and 5 th years of service	5 months	5 months
After 5th year of service	6 months	6 months

- 13.2. 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 before that day. For payment and monitoring purposes a 12 month rolling period will be used to calculate and manage sickness absence.
- 13.3. Sick pay is based on basic pay only.

- 13.4. Full pay is inclusive of any statutory benefits. Half pay plus statutory sick pay will not exceed full pay.
- 13.5. 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. For further guidance, please refer to the Agenda for Change Terms and Conditions Handbook.
- 13.6. In the event of employment coming to an end, entitlement to sick pay ceases from the last day of employment.
- 13.7. All staff will be notified by letter from Payroll when they move from full pay to half pay and from half pay to nil pay. It is the employee's responsibility to be aware of the sick pay entitlements. Line managers will be expected to discuss this as part of the discussions when managing sickness absence.

14. OCCUPATIONAL SICK PAY CONDITIONS

- 14.1. 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.
- 14.2. 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.

- 14.3. The period of full or half sick pay may be extended by certain circumstances:
 - 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 significantly assist recovery.

When an extension to sick pay is being considered for any reason this must first be discussed between the line manager and appropriate Head of Service. Advice should also be sought from HR.

- 14.4. 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. Further guidance can be found in Agenda for Change Terms and Conditions Handbook (<http://www.nhsemployers.org/tchandbook>).

- 14.5. 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 (further information is contained within the Agenda for Change Terms and Conditions Handbook (<http://www.nhsemployers.org/tchandbook>) and 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 13.1. Employees have a duty to declare to this to the CCG.

15. SICKNESS DURING ANNUAL LEAVE

- 15.1. 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 at the earliest opportunity, in line with CCG procedures and no later than the fourth continuous day of illness (unless in exceptional circumstances); 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.

- 15.2. If an employee is absent on sick leave and has pre-booked annual leave then they must notify their line 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 home then the leave may be credited back upon receipt of appropriate medical statements/fit notes.
- 15.3. If, while on sick leave, the employee intends to spend a period of time away from their home whether it be overseas or in the UK, then the employee must raise this with their line manager. The line manager may advise the employee must provide a written statement from a GP noting that the holiday would be beneficial to their condition or recovery, and in no way would aggravate or cause detriment to the illness/injury. In addition or as an alternative, the CCG **may choose** to obtain a clinical opinion from the Occupational Health Provider. If the leave is supported by a Clinician then the employee will have the option to remain on sick leave and then take the annual leave later 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 fit note 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.
- 15.4. Where the request to continue with a pre-booked holiday is not supported by a Clinician then annual leave should be taken.
- 15.5. Employees will not be entitled to an additional day off if they are sick on a statutory (bank) holiday.

16. SICKNESS ABSENCE AND ANNUAL LEAVE ENTITLEMENT

- 16.1. Employees will accrue annual leave during a period of sickness absence. If the absence continues into the next annual leave year or there is insufficient time following the absence to use all accrued annual leave, the employee will be able to carry over statutory holidays only in line with the Working Time Regulations 1998, this may be less than the employees full entitlement. HR can advise if required.

17. RETURN TO WORK MEETINGS

- 17.1. Following each period of sickness absence, employees will engage in a return to work discussion with their line manager or nominated manager which will be documented (Employee Statement of Sickness and Return to Work Interview found in appendix 2). This should normally be held on the first day the employee returns to work or at the latest, within 5 working days. If by exception this is not possible, arrangements should be put in place for it to be held at the earliest opportunity in a suitable confidential environment, including discussions about any recommendations for reasonable adjustments. Where a face to face meeting is not possible due to working at different sites then a phone call can be arranged. If the employee has been absent with a sensitive condition they can ask for a different manager to manage the return to work interview.
- 17.2. The discussion should allow for an exchange of information and be as frank and as open as possible to enable the line manager or nominated manager to offer support to the returning employee. This will also prevent any misunderstandings concerning the nature of the absence. Line managers, should also take this opportunity to discuss any patterns or trends of absence that may emerge.
- 17.3. A fundamental purpose of this meeting is to allow the line manager the opportunity to discuss any support 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, and to agree any actions that the employer/employee needs to take to support attendance at work.
- 17.4. Notes and outcomes of the return to work meeting (depending upon the stage within the process) may be to:
1. Record the information and take no action;
 2. Record the information, monitor and review;
 3. Ensure all certification has been received and covers the absence period;
 4. Agree a referral to Occupational Health;
 5. Take action where work related stress or other work-related issues contribute to the absence;
 6. Agree any actions the employer/employee needs to take to support attendance at work;
 7. Discuss any issues with a HR representative;
 8. Refer the case to a formal sickness absence meeting where guided by the policy. The return to work interview and notes should be submitted to HR along with other relevant paperwork to be saved to the individual's personal file.
- 17.5. The CCG has a number of employees who have been trained as Mental Health First Aiders (MHFA). Their role is to provide initial support and signposting to employees who may be experiencing mental health problems. The role of a MHFA is not to provide clinical support and this must be accessed through the individual's GP. Further information can be found on the CCG intranet.

- 17.6. The CCG also offers a confidential Employee Assistance Programme to its staff and their dependents, which is provided by an independent organisation. This includes online and telephone advice, telephone and face to face counselling, and early support for cases of stress. Further information can be found on the intranet.

18. RIGHT TO REPRESENTATION

- 18.1. Employees are entitled to be accompanied by a Trade Union representative or work colleague, during the formal stages of the absence procedure. The employee should inform HR and the line manager if they are being supported or represented by a Trade Union representative or work colleague. The employee is responsible for involving their representative and ensuring that dates of any hearings are passed to them. Once a representative is identified, they should be included in all correspondence.
- 18.2. If the representative is unavailable at the date and time of the meeting, the employee and representative can suggest an alternative date and time and explain the reasons for not being available. In exceptional circumstances this can be extended by mutual agreement. Should a representative be unable to attend a rearranged meeting, the employee may be asked to engage with an alternative representative, if available and appropriate.
- 18.3. The role of the representative in any meeting is to assist and support the employee. The representative is allowed to present the employee's case, sum up the case and respond to any views expressed on behalf of the employee. They should also be given the opportunity to ask questions of presenting managers and witnesses on the employee's behalf. The representative is also entitled to time out to confer with the employee during the hearing if required. The representative may not answer questions on behalf of the employee, disrupt the process or prevent the CCG from explaining their case. The representative is not allowed to address the panel if the employee does not wish them to do so.

19. SICKNESS TRIGGER POINTS FOR MANAGEMENT ACTION

- 19.1. 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 or reaches 4 occasions of sickness absence in a rolling 12 month period, or there is a pattern of absence that is of concern, line managers will discuss this **informally** with employees. They will provide the employee with a record of all absences from work from the ESR records. The line manager will offer support and understanding and the individual will have the opportunity to explain any personal or work-related issues which may be a factor in the absence.
- 19.2. The employee does not have the right of representation at the informal stage, however if they wish to seek advice and support from a Trade Union representative they may do so. Any notes/outcomes agreed at this meeting must be documented and held locally in line with Information Governance requirements or added to the ESR system.
- 19.3. To ensure the consistency with the application of the Managing Sickness Absence Policy, trigger points are used to monitor short term sickness and long term sickness. The triggers for a **formal** process for both short and long term absence are:
- Five occasions of absence, of any duration, in any rolling 12 month period.
 - Sickness patterns that cause managerial concern, e.g. key holidays such as Christmas, school holidays etc.
- 19.4. A **formal** meeting will be held with the employee (see scheme of delegation – section 5 and appendix 1). The purpose of the meeting is to provide support and assistance to overcome any issues, patterns or problems which are identified in order to support and encourage improved attendance. Employees should be given 5 working days' notice of the meeting and the right to representation (a Trade Union representative or work colleague not acting in a legal capacity). Both line managers and employees should keep the notes from the meeting for future reference. At this stage an improvement action plan should be agreed between all attendees.
- 19.5. In the event that an employee fails to attend a scheduled meeting without prior notification, after reasonable attempts have been made to contact them the meeting may proceed in their absence. At the discretion of the line manager, a meeting may also proceed in circumstances where an employee reports being unfit to attend providing that the employee has been offered the right to be accompanied in their absence and/or provide a written submission for consideration by the manager holding the meeting.
- 19.6. An employee will progress through the stages of this policy if the agreed improvements are not met.
- 19.7. At any stage during this process, it may be appropriate to seek advice from the CCGs appointed clinician. The CCG will make these arrangements for this to take place through the Occupational Health provider.
- 19.8. Employees are entitled, and indeed encouraged, to have a staff side or other Trade Union representative or work place colleague not acting in a legal capacity to accompany them to any of the **formal stages** of this procedure as these are often found to be supportive to the employee.

- 19.9. If at any stage the employee achieves a better attendance record than the agreed improvement (see appendix 1), no action will be taken. The line manager will however, continue to monitor the level of attendance or pattern of absence. If the improvement target is met as agreed the employee will move to the previous stage of the policy or off sickness absence monitoring.
- 19.10. Prior to formal action being taken advice must be sought from Human Resources including an up to date occupational health referral (where applicable within the process).

20. LONG TERM ABSENCE

- 20.1. Long-term absence is classed as at least 28 calendar days. In all cases of Long term absence, Occupational Health advice must be sought.
- 20.2. In cases of long-term absence line managers must arrange to conduct regular review meetings (every 3 to 4 weeks depending upon the nature of sickness absence/fit note length) to discuss possible supportive courses of action should the absence continue. These may include rehabilitation, support and meeting return to work adjustments, redeployment where possible. If it appears that an employee may no longer be fit for work ill-health retirement can be considered. The meetings should be recorded (note taking) that is a joint responsibility of both employee and line manager and notes sent to the employee in writing by post or email. If the employee is too unwell to take notes then either their representative will do so or they can rely on the notes taken by the line manager if no representative is present. Any notes should be agreed by all present. Employees may be accompanied by a Trade Union Representative or a workplace colleague not acting in a legal capacity. The line manager may also be accompanied by an HR representative. The commencement and frequency of such meetings will depend upon the circumstances of the individual case, but will normally be instigated as soon as possible after the first month's absence.
- 20.3. 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.
- 20.4. The purpose of this meeting is to allow all parties to consider a range of options that may be available. These options could include, but aren't limited to:
- Support from the CCG in their recovery, staff support service, Occupational Health or other help
 - Possibility, and likelihood of return to work, and when;
 - Possibility of alternative employment;
 - Identifying and implementing 'reasonable adjustments' before the employee returns to work;
 - Ill Health retirement;
 - Termination of contract on the grounds of medical capability – the CCG would only ever consider this after exhausting all other options.
- 20.5. Where an individual continues to remain absent from the workplace through ill health, they will progress through the formal stages of the process under the sickness trigger process.
- 20.6. Employees who fail to attend review meetings, and formal meetings may still be subject to the various sanctions contained within this policy.

- 20.7. It is the joint responsibility of the employee and the line manager to ensure communication between employee and employer is maintained at all times including regular review meetings (every 3 to 4 weeks depending upon the nature of sickness absence) to update on progress. It is also recommended to hold frequent review conversations that are guided by the length of the fit note renewal as a supportive measure.
- 20.8. Employees on long term sickness may in some cases be asked to temporarily return CCG equipment, such as phone, laptops or other mobile devices. When required, employees on sick leave will be contacted in an appropriate and sensitive way according to the circumstances and by an appropriate manager.
- 20.9. If necessary and with their agreement, appropriate arrangements may be made to collect the equipment from the employees home. Employees will only be asked to return equipment when necessary to ensure continuity of service and/or patient care, or if it is deemed necessary to aid recovery.

21. ONGOING MEDICAL CONDITIONS

- 21.1. 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. **Clinical advice**, support and guidance to help determine the best course of action for the individual
 2. **Reasonable Adjustments / redeployment** – consider what reasonable adjustments can be made to the role including hours or lighter duties, either on a temporary or permanent basis. Identify whether there is any suitable alternative role the individual could undertake either on a permanent basis or interim basis.
 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 through the Managing Sickness Absence process supported by HR, then final review hearing is the next stage (see appendix 1). Line managers must obtain HR/Occupational Health advice to ensure they have met their statutory duties to make reasonable adjustments for disabled employees.
- 21.2. Before any decision to terminate an employee on medical grounds the following must have been meaningfully considered:
- Rehabilitation;
 - Phased return;
 - A return to work with or without adjustments;
 - Redeployment with or without adjustments.

22. OCCUPATIONAL HEALTH SERVICE

- 22.1. The Occupational Health Service is provided as a supportive mechanism to enable employees and the CCG to understand the support needed to enable someone to remain at, or return to work, and to carry out their role. In cases of long-term absence, Line Managers are expected to make a referral to the Occupational Health Provider 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 may be referred to the Occupational Health Service at an early stage in the absence if it is considered that a referral may benefit the employee or the CCG.
 - 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 occupational health referral, via their Line Manager, for advice and support on the best way of seeking a return to work
 - The employee must consent to the referral and the information requested, if there is a disagreement HR and Trade Union advice can be sought.
- 22.2. 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 may be discussed with the individual during the review meetings.
- 22.3. Employees must make themselves available to attend Occupational Health referrals (this may include home visits by an Occupational Health representative, visits to the workplace, and the attendance at an Occupational Health Office or telephone consultations). Following the referral, Occupational Health provider will then provide a written report to management, a copy of which will also be sent to the individual. The employee can request to see the report before it is shared with HR to ensure accuracy. In all cases management will individually discuss the content of the report with the individual.
- 22.4. In some cases it may be appropriate for Occupational Health to contact a third party for a medical opinion e.g. GP, Consultant etc. and consent must be obtained from the employee concerned. In these cases, any information provided by a third party is only 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 will be required for the release of this report to management.
- 22.5. Occupational Health may recommend appropriate treatment, such as physiotherapy to the employee to remain in work, or return to work, at the earliest opportunity. For further information, refer to the CCG HR representative for guidance. Approval for physiotherapy will need to be approved by the relevant budget holder.

23. DISABILITY RELATED ABSENCE AND REASONABLE ADJUSTMENTS

- 23.1. The CCG takes a positive approach in working with employees who are disabled or become disabled during their employment. The CCG is legally required under the Equality Act 2010 to make reasonable adjustments to enable the employee to continue working and remain at work.
- 23.2. The CCG are a Disability Confident Employer and are committed to ensuring disabled employees are supported within the workplace. Reasonable adjustments can take many forms and it is important that line managers keep an open mind and deal with each situation with the employee. In addition to this, there are also a number of organisations that can provide specialist advice and support including referrals to Occupational Health. Line managers must discuss what options may be possible with the individual involving Occupational Health and HR for any assessments or adjustments that will be required.
- 23.3. Where Occupational Health makes a recommendation (s), it will be management's decision as to whether those adjustments are reasonable for the service. Any adjustments made must be discussed with the individual concerned. To not provide reasonable adjustments for a disabled employee could be a breach of the employer's responsibilities and as such reference should be made to HR/Occupational Health and other specialist advice.
- 23.4. Where it is identified that absences are, or may be, linked to a disability, Occupational Health advice should be sought at the earliest opportunity by the line manager or nominated manager.
- 23.5. Where absence still exceeds an acceptable level, despite reasonable adjustments, a line manager can still follow this policy with regards to the individual's sickness record. Further guidance on how to manage this is provided by HR and also included in the Managing Sickness Absence training for line managers.

24. RETURNING TO WORK

- 24.1. Wherever possible the CCG will aid a return to work on a permanent or temporary basis. To establish the most effective way of doing this the CCG may seek further medical advice.
- 24.2. This may include making reasonable adjustments to the employee's job, allowing a phased return to work, providing alternative work, modifying equipment and furniture, or by allowing the employee to return to work on a reduced or alternative hour's basis.

25. PHASED RETURN

- 25.1. The CCG will seek recommendations from the Occupational Health provider, or a GP as to the length and reasonableness of a phased return period. The aim of the phased return is that the employee returns to full duties/hours following the end of the phased period. The modified duties for the reduced hours should be documented by way of the example template provided in appendix 3.
- 25.2. Where an employee requests a phased return to work themselves, and this is not the advice of the Occupational Health provider or GP and this can be accommodated, they must take annual leave for days not worked or receive payment only for the hours worked.
- 25.3. The full salary payment during the phased return period will be for a maximum of 4 weeks where, the employee will be able to return to work on a part-time basis. If longer is required, it is recommended that employees agree with their Line Manager the phased return period and whether any accrued annual leave/lieu time or unpaid leave can be utilised.

26. REDEPLOYMENT

- 26.1. If the clinical opinion is that an employee is unfit to return to their role, the possibility of alternative work must be considered. Consideration of alternative work should initially be focused within the immediate area, but ultimately may be across the whole organisation. Factors to be considered when seeking alternative employment are:
- Appropriate qualifications;
 - Possession of the relevant experience;
 - Capable of being retrained;
 - Medical fitness to do undertake the job;
 - Availability of any roles.
- 26.2. Alternative employment should be discussed with the employee as soon as there is an indication that he or she is unable to return to their post. Where suitable alternative employment is identified, a trial period of 4 weeks will be offered.
- 26.3. If suitable alternative employment cannot be found within a reasonable timescale (maximum 3 months) then retirement or dismissal on ill health grounds should be considered.

27. LEAVE OF ABSENCE ON MEDICAL GROUNDS

- 27.1. In very exceptional circumstances with HR guidance and Head of Service level approval, a line manager may want to consider leave of absence on medical grounds where an employee is not fit for work and is a risk to themselves or others. In such circumstances the line manager must immediately contact Occupational Health for an urgent referral before taking any action. The employee may also be asked to seek advice from their GP in the event of a delay in advice being received from Occupational Health.
- 27.2. If an employee is suspended in these circumstances it is deemed to be leave of absence on medical grounds and they will receive their normal rate of pay until advice is received from Occupational Health on the suitability of their return to work. If the medical advice received is that the employee is fit to return to work, then the leave of absence on medical grounds should end with immediate effect with an agreed return to work date. The period of leave of absence on medical grounds would not be recorded as sickness absence and would not count against the employee's contractual sick pay entitlement.
- 27.3. If the medical advice received is that the employee is not fit to return to work, then the leave of absence on medical grounds should end with immediate effect and the whole period of absence, including the leave of absence on medical grounds will be recorded as sickness absence. The employee would need to provide fit notes in accordance with the normal reporting arrangements and it will count towards the employee's contractual sick pay entitlement. If the employee fails to submit a fit note in these circumstances, normal procedure will apply see point 11.4 of the policy.

28. ILL HEALTH RETIREMENT

- 28.1. Throughout the absence management process all options, such as rehabilitation, redeployment, part time working etc. must be considered in conjunction with the employee.
- 28.2. Where the clinical opinion indicates that an employee is permanently unfit for any employment or for the duties of their current role, the individual has the option of applying for early retirement on the grounds of ill health, in line with the provisions of the NHS Pension Scheme. This option is only available to employees who have at least two years continuous, pensionable NHS employment. If the employee who applies for these benefits under this scheme and approval to receive such benefit is at the discretion of the NHS Pensions Agency and not the CCG.

- 28.3. If an application for ill-health retirement is made, this constitutes a mutual decision that the employee is unable to fulfil their contractual obligations due to their ill-health condition and therefore a termination date will be agreed between the individual and their line manager. This option should be discussed with the individual in full at the appropriate time and as much information as possible will be provided to enable the employee to make an informed decision. For more information regarding this procedure please contact Human Resources.

29. DISMISSAL ON THE GROUNDS OF ILL HEALTH CAPABILITY

- 29.1. Before dismissal is considered, all other options as outlined above must have been discussed with the employee and their representative during the regular meetings that have taken place throughout the absence. Line managers must be satisfied that all relevant information has been obtained and all relevant facts investigated including any legal advice where applicable. 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.

In cases of short-term absence, line manager's must also consider the potential loss of specialist knowledge/experienced member of staff, the cost of replacing the employee, whether or any flexible working arrangements could be accommodated in order to retain the skill and knowledge in the CCG.

- 29.2. Should the dismissal of an employee be identified at the final stage of this policy 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 in line with the scheme of delegation and will be attended by the employee in question, their line manager or alternative manager in line with the scheme of delegation, and a Human Resources representative and employees representative.
- 29.3. Prior to this meeting the employee will receive a copy of the report, detailing the case history to date and considerations taken into account (e.g. Equality Act, implications, suitable alternative employment, ill health retirement) together with all other relevant documents, made to the person authorised to dismiss.
- 29.4. At this meeting the employee will have the opportunity to present their case and submit supporting evidence. They have the right to be accompanied by a Trade Union Representative or work colleague. The employee has the right to appeal this decision.
- 29.5. Following the meeting the employee will be given a letter confirming the reason for dismissal, the date of dismissal, their right to appeal, details of any payment in lieu of contractual notice and any other outstanding payments to which they are entitled e.g. annual leave.
- 29.6. 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.

30. MATERNITY RELATED ABSENCE

- 30.1. 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, such absence should continue to be monitored to allow for supportive measures and adjustments to be considered.

- 30.2. If an employee is off work ill, or becomes ill with a pregnancy related illness during the last four weeks before the expected week of childbirth, maternity leave will normally commence at the beginning of the fourth week before the expected week of childbirth or the beginning of the next week after the employee last worked, whichever is the later. Please refer to the CCG's Maternity, Paternity, Adoption and Shared Parental Leave Policy.

31. TIME OFF TO ATTEND MEDICAL APPOINTMENTS

- 31.1. Employees requiring time off to attend GP, Dentist, Hospital Outpatient or other clinical appointments should, wherever possible, arrange appointments outside of normal working hours. Where appointments can only be made during working hours, they should either be made at the beginning or end of the working day wherever possible (a copy of the appointment letter should be produced where available).
- 31.2. Dependent upon the circumstances, the line manager will use their discretion as to whether this time will be paid or taken as annual leave, unpaid leave or alternatively an employee will be able to make the time back. Consideration should also be given to the nature of the appointment and whether this is for a disability or long term condition in which some paid time off may be determined as a reasonable adjustment. This includes time off for IVF treatment up until the point of pregnancy when this will be managed under the Maternity, Adoption, Paternity and Shared Parental Leave Policy. Line managers are encouraged to seek HR advice to support them in decision making.

32. COSMETIC SURGERY RELATED SICKNESS ABSENCE

- 32.1. Time off to receive (cosmetic surgery) treatment that relates to a medical or psychological condition and is funded by the NHS may be treated as sick leave. In other circumstances where treatments are being funded independently, the CCG reserves the right to treat such periods of absence as annual leave or unpaid leave. In the event that such treatments result in an employee becoming unfit for work, the usual sickness absence provisions apply, including for certification. If the line manager or employee has concerns on this issue then they should seek advice from a HR representative.

33. TEMPORARY INJURY ALLOWANCE

- 33.1. 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 (payable under the NHS Injury Benefits Scheme). 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 information and guidance may be sought from Occupational Health Service, NHS Pensions or Agenda for Change Terms and Conditions Handbook.
- 33.2. Employees do not need to be members of the NHS Pension Scheme to apply for Temporary Injury Allowance. Temporary Injury Allowance will stop when the individual returns to work or leaves the employment.

34. APPEAL

- 34.1. Employees do not have the right of appeal against informal action e.g. implementation of an action plan.
- 34.2. Employees do have the right of appeal against any formal action taken up to and including dismissal, in addition to redeployment.
- 34.3. Employees may appeal against any formal decision made under this procedure by writing to the appropriate manager- in line with the scheme of delegation, giving clear reasons for the grounds of appeal. This must be done within 10 working days of any action being taken.
- 34.4. The manager to whom the appeal is addressed will identify an appeal panel in line with the scheme of delegation and a hearing will take place within 4 weeks of receipt of the appeal notification.

Appendix 1 - Stages of the process in managing sickness absence

At any stage of the process, an outcome of the process may be that no further action is taken. At all stages an employee may disclose or the line manager becomes aware that the employee is disabled. Please refer to the policy and where necessary seek specialist or HR advice.

Stages	Period of Absence	Improvement Target	Action	Decision
Informal	If an employee has had 4 occasions of absence in a rolling 12 month period they will be required to discuss this informally with their Line Manager.	During the next 6 months, if the employee has a further absence, they will progress to the first formal stage of the policy.	Informal meeting: Review absence record and reasons for absence. Provide support. Agree standard of attendance and support if necessary. Possible occupational health referral if needed and consideration given to individual circumstances.	Notes/outcomes agreed held locally by both parties
First Stage Formal (with HR support)	If an employee has had 5 occasions of absence or more in a rolling 12 month period they will be required to attend a formal first stage meeting.	A realistic improvement plan should be set – detailing the required improvement. This will be influenced by any on-going conditions or history of illness. In the next 6 months, if the employee has a further absence (s) and this is a cause for concern; they will progress to the next stage. Should the employee meet the required target for improvement and the line manager has no further concerns over their attendance, the employee will automatically be taken off the first stage. There is no requirement for any further meetings in this case.	Formal meeting: Review absence record and reasons for absence. Provide support. Agree standard of attendance and support if necessary. Possible occupational health referral if needed and consideration given to individual circumstances.	Decision in writing, copy kept on personnel file. First written sickness warning for 12 months Right of appeal

Second Stage Formal (with HR support)	From the date of the first stage meeting, if the employee has a further absence (s) and this is additional cause for concern, they will be required to attend a second stage formal meeting.	A further realistic improvement target will be agreed. Should the employee meet the required target for improvement and the manager has no further concerns over their attendance, the employee will automatically be taken off second stage. There is no requirement for any further meetings in this case.	Formal meeting: Review absence record and reasons for absence. Provide support. Agree standard of attendance and support if necessary. Possible occupational health referral if needed and consideration given to individual circumstances.	Decision in writing, copy kept on personnel file. Second written sickness warning for 12 months Right of appeal
Third Stage Formal (Final Review Meeting with HR support)	From the date of the second stage meeting, if the employee has a further absence (s) and this is a cause for concern, they will be required to attend a third stage final review meeting.	If there is no dismissal, agree a new improvement target and return to the second stage formal.	Third stage final review hearing meeting: Review absence record, support provided, actions taken to support improvement and any supporting medical advice. Alternatives to dismissal will be discussed including redeployment (where possible). Dismissal is a potential outcome at this stage. If dismissal is not agreed the employee would remain on the second sickness absence warning.	Decision in writing, copy kept on personnel file. Possible outcome dismissal Right of appeal

*****Please note – in relation to part time employees, triggers will be adjusted and calculated in accordance with contractual days and pro rata.***

The following decisions may be adopted within the scope of this policy:

Stage 1: First written sickness warning – to remain on the record for 12 months from the date of the letter (by post or electronically) confirming the outcome

Stage 2: Second written sickness warning – to remain on the record for 12 months from the date of the letter (by post or electronically) confirming the outcome.

Stage 3: Dismissal

Appendix 2 - Employee Statement of Sickness and Return to Work Interview

Employee's Statement of Sickness/Return to Work Interview					
<p>Line manager / designated person to: Completion of this form must occur on the first day of sickness by the designated person and by the employee and line manager/designated person on the first day back at work or as soon as possible and at the latest, within 5 working days of return to work.</p>					
Title:		Surname:			
First Name(s):		Employee Number:			
Job Title:					
Department:					
Work Base:		Contracted Hours a Week:			
Name of the person taking the call:		Date:		Time:	
Brief Details of Sickness:					
Dates of Sickness:					
Date of 1 st Day of Sickness:		Expected date of return (if known):			
* If an estimated return date is given, please include details of subsequent contacts in the next box		Actual Date of return:			
Did the employee leave early? (Therefore not recorded on the sickness return)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes at what time did the employee leave work?		
Contact information: (give brief details of any contacts with employee including dates and times)					
Was the sickness cause by an accident at work or an industrial disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If 'yes', have you completed an incident form?					
Employee Signature:				Date:	
Line manager/nominated deputy Signature:				Date:	
Return to Work Interview					
This form must be completed by the employee and line manager on return to work.					

Interview Details: <i>(continue on a separate sheet if necessary)</i>			
Absence start date:			
Date of actual return to work:			
Number of recorded days of absence:			
What was the reason for your absence from work?			
Was your absence work related?			
Was your absence a recurrence of a previous illness / absence?			
Sickness leave – less than 7 days			
Are you fit to work?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had a discussion with your line manager on return? <input type="checkbox"/> in person <input type="checkbox"/> by phone			
How are you feeling now?			
Do you feel you have fully recovered from your illness to return to work?			
Do you think there is anything else the CCG can do to support you further?			
Are there any actions you think you need to take to help you attend work?			
Employees Signature:		Date:	
Sickness leave – more than 7 days			
Did you visit your GP?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes what did they say?			
How are you feeling now?			
Do you feel you have fully recovered from your illness to return to work?			
Do you think there is anything else the CCG can do to support you further?			
Are there any actions you think you need to take to help you attend work?			
Number of absences in last 12 months: Please note that where there are 5 separate instances of sickness absence over a 12 month rolling period then the CCG's Managing Sickness Absence Management policy should be followed			
Is a follow up required?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'yes'	Monitor & Review		Training updates required
	Formal Review with HR		Occupational Health Referral
	Undertake Risk Assessment		Medical Certification Required
	Restricted Duties		Unauthorised absence – Disciplinary
	Adjustment to hours/or work pattern – record agreed options		

I declare that to the best of my knowledge the facts given above are true and complete. False statements subsequently proven beyond reasonable doubt or refusal to complete this form or any part therein will be considered a serious misconduct and may result in further action under the CCG's Disciplinary Policy and Procedure.

I also declare (delete as appropriate):

- I confirm that during the period of being unfit for work, I did not undertake any unpaid or paid work, study or training which was not approved in advance and in writing by my line manager.
- I confirm that during the period of being unfit for work, I undertook unpaid or paid work, study or training which was not approved in advance and in writing by my line manager.
- I confirm that during the period of being unfit for work, I only undertook unpaid or paid work, study or training which my line manager was aware of, as per my Working Time Regulations declaration

Employee Signature:

Date:

I have discussed the period of absence with the employee including reasons for absence and I am satisfied that the above information is accurate and reasonable.

Line Manager Signature (or nominated deputy):

Date:

Please forward a copy of the completed form along with any fit notes to HR.

Appendix 3 - Phased return work plan

Name:	
Department:	
GP/OH recommendations:	
Start of phased return¹:	
Agreed working pattern (may include working from home where appropriate):	
End of phased return:	
Any restrictions to nature of work²:	
Expected outcomes or objectives³ :	
Any other agreed actions:	
Review date:	
Employees Signature	Date
Line Managers' Signature	Date

¹ In most cases a period of up to four weeks will be agreed, and will be paid at normal full pay.

² Please note any restrictions to the type of work which may be carried out e.g. no lifting or limited periods of time using VDU etc.

³ Please note here what outcomes the phased return to work is expected to achieve e.g. updating skills, affecting a return to the full working pattern by the end of the phased return etc.

Week	Dates	Times	Activity	Support
Week 1				
Week 2				
Week 3				
Week 4				
This completes the 4 week organisational phased return (month 1)				

Appendix 4 - Equality Impact Assessment

Title of policy	Managing Sickness Absence Policy		
Names and roles of people completing the assessment	Tazeem Hanif – HR Business Partner Kym L Brearley, Equality and Diversity Advisor		
Date assessment started/completed	June 2018	Completed 18.06.2018	
1. Outline			
Give a brief summary of the policy	This policy outlines the CCG's approach to managing short term and long term sickness absence in a fair, consistent and equitable manner. Managers and staff are informed of their responsibilities in the guidance on reporting and managing sickness absence. Informal and formal stages of the sickness absence procedure are set out and references are made to support services available to managers and staff such as occupational health.		
What outcomes do you want to achieve	Reduce sickness absence rates. Provide a supportive environment for staff with health issues and/or disabilities impacting on attendance at work.		
2. Analysis of impact			
This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to; eliminate unlawful discrimination; advance equality of opportunity; foster good relations			
	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
Age	Yes, ill health and/or disability related to older age may result in more frequent sickness absence.	Negative if not managed properly.	Individual circumstances will be taken into account when meeting with staff who hit formal triggers. Meetings are to be held in a supportive manner to assist staff in managing health concerns. Current sickness needs to be viewed in the context of length of service and previous absence records.
Carers	No	Neutral	

Disability	Yes, some employees with a long-term health condition or disability will be more likely to have a higher level of sickness absence at times.	Negative if not managed properly.	Individual circumstances will be taken into account when meeting with staff who hit formal triggers. Meetings are to be held in a supportive manner to assist staff in managing health concerns. Reasonable adjustments will be made for disabled staff. Formal sickness triggers may also be adjusted.
	Case law recommends that records of sickness absence clearly capture when absence is due to a disability and when it is not. This will enable the CCG to make, and demonstrate it has made informed decisions that promote equality and prevent unlawful direct or indirect discrimination.	Negative	Provision for this is currently not made in the Policy therefore it is suggested this is considered further.
	The current expectation stated in the Policy for daily contact between an employee and their line manager may have a negative impact on staff with a disability.	Negative	Proposed changes to the wording have been made in the Policy. It is suggested this is considered further.
Sex	Female employees may be more susceptible to health issues in relation to gynaecology and menopause. A manager has a duty to recognise this and offer extra support or reasonable adjustments where appropriate.	Neutral	Individual circumstances will be taken into account. Meetings are to be held in a supportive manner to assist staff in managing health concerns.

Race	Particular groups of staff may be more susceptible to health issues due to their ethnicity. A manager has a duty to recognise this and offer extra support or reasonable adjustments where appropriate.	Negative if not managed properly.	Individual circumstances will be taken into account. Meetings are to be held in a supportive manner to assist staff in managing health concerns.
Religion or belief	No	Neutral	
Sexual orientation	No	Neutral	
Gender reassignment	Yes, employees who are considering or undergo gender reassignment may have a period(s) of sickness absence related to this	Negative if not managed properly	Managers of staff considering or undergoing gender transition, must seek advice from HR, Occupational Health, Equality teams to ensure compliance with legislation and prevent unlawful direct, or indirect discrimination. Individual circumstances will be taken into account when meeting with staff who hit formal triggers. Meetings are to be held in a supportive manner to assist staff in managing health concerns.
	Recording of absence due to gender reassignment/ transition.	Negative	In order to promote equality and prevent unlawful direct or indirect discrimination it is recommended that employees' sickness absence due to gender reassignment/transition is recorded separately to sickness unrelated to this. This is not currently provided for in the Policy.
Pregnancy and maternity	Yes, female employees may suffer from higher sickness absence as a result of pregnancy related illness.	Negative if not managed properly.	Sickness related to pregnancy will not be counted towards formal triggers. Support will also be given to staff to consider their individual needs and circumstances. Managers of pregnant women must seek advice from HR, Occupational Health, Equality teams to ensure compliance with legislation and

			prevent unlawful direct or indirect discrimination. Individual circumstances will be taken into account when meeting with staff who hit formal triggers. Meetings are to be held in a supportive manner to assist staff in managing health concerns.
Marriage and civil partnership	No	Neutral	
Other relevant group	Yes, part-time workers	Negative if not managed properly	Sickness absence triggers may need to be adjusted to take into account part-time workers' working patterns/time spent at work.
	Yes – all employees	Negative	None identified. The CCG needs to consider what process it will put in place for employees who wish to complain because they feel they have been treated unfairly or unreasonably in relation to application of this policy.
If any negative/positive impacts were identified are they valid, legal and/or justifiable? Please detail.	Mitigating actions are identified for some equality groups who may be adversely affected in the application of this policy.		
4. Monitoring, Review and Publication			
How will you review/monitor the impact and effectiveness of your actions	The policy takes account for individual circumstances and makes reasonable adjustment for staff with disabilities and pregnancy related illness. Absence for staff with disabilities is identified as part of monthly report and support given to line managers.		
Lead Officer	Tazeem Hanif	Review date:	July 2021
5. Sign off			
Lead Officer	Kym L Brearley		
	Date approved:	18.06.2018	