



# Attendance Management Policy

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The CCG is committed to an environment that promotes equality, embraces diversity and respects human rights both within our workforce and in service delivery. This document should be implemented with due regard to this commitment.

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Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a new version is available.

## Version Control Sheet

Version	Date	Reviewed By	Comment
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Final v1.0	August 2014	Executive	Approved
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## **1.0 POLICY STATEMENT**

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

## **2.0 PRINCIPLES**

- 2.1 This procedure enables managers to address sickness absence issues, both short and long-term, in a fair, consistent and equitable manner. It is recognised, however, that all cases must be dealt with on an individual basis because of differing circumstances therefore, this procedure gives an outline of the principles to be observed.
- 2.2 It should be noted that all other types of absence should be dealt with in accordance with the appropriate policy, i.e. maternity, adoption, career break, etc. Line managers should consider, and take due account of, individual circumstances and all relevant factors before action is taken e.g. maternity related absence, stress, disability related absence, work related factors.
- 2.3 Confidentiality will be maintained in all aspects of attendance management and records will be kept in line with the Data Protection Act.
- 2.4 Managers will be fully trained in policies and procedures relating to absence. All new staff will be made aware during their induction.
- 2.5 The CCG recognises that everybody is sick or subject to emergencies from time to time; however, regular attendance at work is a contractual requirement.
- 2.6 Short-term absenteeism refers to a series of illnesses, often unconnected, which result in frequent, short periods of absence – for the purposes of this policy that will be 4 absences. The appropriateness of referral to The CCG Occupational Health Provider will be discussed between the individual, their line-manager and an HR representative from the HR Service Provider.
- 2.7 It is acknowledged that occasions do arise when people are away from work on a long-term basis as a result of chronic or acute ill health. Although each case will be dealt with on an individual basis this policy outlines certain principles that will always be observed.
- 2.8 In dealing with any sickness absence cases managers must be aware that they and the CCG may have obligations under the Equality Act 2010. In identifying whether or not an employee is covered by the Act, advice will be sought from appropriate medical professionals.

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

2.10 Employees may be accompanied by a Trade Union representative or work colleague in all formal discussions with management about their attendance.

### **3.0 RESPONSIBILITIES**

#### **3.1 Manager Responsibilities**

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

- Ensure that they are familiar with the Attendance Management Policy and their obligations in the management of the policy.
- Communicate appropriately with absent staff.
- Act in a timely manner when dealing with absence at work, balancing the needs of the individual with those of the service.
- Maintain accurate records of all attendance and reasons for absence.
- Hold return to work interviews after each individual episode of sickness.
- Maintain confidentiality at all times.
- Attend any CCG training provided on policy updates.
- Identify a 'nominated deputy' for staff to report sickness absence to during periods when the manager is not available and communicate this to staff.

#### **3.3 Employee Responsibilities**

3.4 Employees are expected to:

- Ensure regular attendance at work.
- Communicate appropriately with their manager, at the earliest opportunity, when absent from work.
- Co-operate fully in the use of these procedures.
- Attend an appointment with an organisation nominated medical practitioner, where appropriate.
- Comply with the sick pay scheme.
- Attend review meetings with management when discussing periods of absence or planning return to work, reasonable adjustments or alternative employment.

3.5 Occupational Health Services Responsibilities (OHS)

3.6 OHS has an integral role in supporting Managers in managing attendance and wellbeing.

OHS is expected to:

- Take a pro-active approach to assist Managers to keep employees in work wherever possible.
- Assist Managers with case conferences to discuss complex cases.

- Provide a medical opinion on an employee's fitness to work and time-scales for returning to work.
- Offer early intervention and support via Occupational Health (OH) eg: a psychological support programme can prevent periods of sickness absence.

#### 4.0 GENERAL POINTS

- 4.1 The CCG procedure for managing attendance MUST be followed. It is the responsibility of every employee to report any absence and only in exceptional cases should this procedure be carried out by someone else on their behalf.
- 4.2 If an employee knowingly gives any false information, or makes false statements about their sickness, it may be treated as misconduct and may result in disciplinary action being taken. In proven cases of gross misconduct it could lead to dismissal (e.g. absent on sick leave and working elsewhere).
- 4.3 Any employee who unreasonably fails to comply with the CCG Attendance Management Policy and procedure may have their occupational sick pay withheld. Any decision to withhold sick pay must be made in conjunction with an HR representative from the HR service provider. Advice may also be sought from the Occupational Health Provider.
- 4.4 The CCG has the right to dismiss employees whilst they are receiving sick pay entitlement. Any decision to dismiss on capability grounds will be subject to medical advice.
- 4.5 The CCG reserves the right to request a Doctor's Certificate for periods of absence of less than seven calendar days in cases of short-term persistent absence. However, this should normally follow an OH referral where there is no medical reason for continued short-term persistent absence. Furthermore, this sanction should only be used for a finite period and should be reviewed on a regular basis. Finally, should the employee incur a cost in obtaining a Doctor's certificate, then this will be reimbursed by the CCG.

#### 5.0 SCHEME OF DELEGATION

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

Informal procedure	Line Manager or equivalent level manager from elsewhere within the organisation
Formal procedure	Line manager or equivalent level manager from elsewhere within the organisation or the line managers direct manager if the line manager has been previously involved or implicated
Appeal following formal procedure	Line Managers manager or equivalent who has not previously been involved or implicated
Dismissal Hearings	One Executive level manager and HR representative.

Appeal against dismissal	Chaired by a Chief Officer or deputy and HR representative
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## **6.0 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, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

## **7.0 MONITORING & REVIEW**

7.1 The policy and procedure will be reviewed every 3years by the CCG in conjunction with operational managers and trade union representatives. Where review is necessary due to legislative change, this will happen immediately.

## **PART 2 - PROCEDURE**

### **1.0 REPORTING ABSENCE**

- 1.1 All employees must contact their line manager on the first day of absence, as soon as is reasonably practicable, or within 30 minutes of their normal starting time. The employee must make this call. The only exception is where it is clearly not possible for employees to ring personally, such as admission to Hospital.
- 1.2 Employees must talk directly to their line manager, it is not acceptable to text or e-mail. If the line manager is unavailable, then the employee should contact an alternative nominated manager. If this is not possible and a voicemail is the only option, the employee **must** leave a contact number and the manager **must** return the call within 24 hours.
- 1.3 If an employee does not have a telephone at home alternative arrangements for reporting sickness must be made.
- 1.4 When reporting absence, employees must give the following information:
  - the reason for the absence (if known);
  - the expected length of absence (if known);
  - whether a visit will be made to their GP, and if so, the date of the appointment.

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

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

### **Evidence of Incapacity for Work**

- 1.7 For absences lasting seven calendar days or less, on the first day back at work, employees will be required to complete a Sickness Self-Certificate. This should include the reason for absence. The Certificate will be countersigned by a manager and placed on the personal file held by HR in a confidential secure area.
- 1.8 If an absence exceeds seven calendar days, a doctor's medical certificate must be submitted to the line manager no later than the tenth day of absence, covering the absence from the eighth day. The medical certificate must be sent to an HR representative within the CCG to be retained on the individual's personal file. The absence must also be recorded on the appropriate staff absence form.



- 1.9 If an absence continues beyond the period covered by the initial medical certificate, further medical certificates must be provided to give continuous cover for the period of absence. On return to work employees must complete the Organisation's Sickness Self-Certificate in respect of the first seven days not covered by a doctor's medical certificate.
- 1.10 Failure to submit consecutive medical certificates in a timely manner may be considered a breach of the Attendance Management policy and may invoke the Disciplinary Procedure.
- 1.11 If the doctor's medical certificate does not specify the period of absence covered, it will be taken as covering a period of seven calendar days only.
- 1.12 Reports will show long-term absence as absent for 28 Calendar days or more.

**Statement of Fitness to Work (FIT Note)**

- 1.13 The statement of fitness to work, known as the 'fit note' was introduced in April 2010. It allows a doctor/GP to advise whether an employee is either:
  - Not fit to work
  - May be fit to work

If the doctor/GP suggests that they 'May be fit to work' there are now a number of options open which may help to get the employee back to work:

- Phased return to work
- Amended duties
- Altered hours
- Workplace adaptations

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. Further advice may also be sought from the Occupational Health provider, if necessary.

**Employee Occupational Sick Pay Entitlements**

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

- |   |   |
|---|---|
| • During 1st year of service                    | One months' full pay and two months' half pay   |
| • During 2nd year of service                    | Two months' full pay and two months' half pay   |
| • During 3rd year of service                    | Four months' full pay and four months' half pay |
| • During 4th & 5 <sup>th</sup> year of Service: | Five months' full pay and five months' half pay |
| • After 5th year of service                     | Six months' full pay and six months' half pay   |

- 1.15 The period during which sick pay is paid and the rate of sick pay for any period of absence is calculated by deducting from the employee's entitlement, on the first day of absence, the aggregate periods of paid sickness during the 12 months immediately preceding that day. Further details on the calculation of sick pay can be found in Section 14 of the Agenda for Change Handbook.

- 1.16 Sick pay is based on basic pay only.
- 1.17 Full pay is inclusive of any statutory benefits. Half pay plus statutory sick pay will not exceed full pay.
- 1.18 For the purpose of calculating entitlement to sick pay, a previous period or periods of NHS service will be counted towards the employee's entitlement to sick leave with pay where there has been a break, or breaks, in service of 12 months or less.
- 1.19 In the event of employment coming to an end, entitlement to sick pay ceases from the last day of employment.
- 1.20 Absence for planned elective medical treatment, which is for cosmetic reasons alone, must be taken as annual leave and not sick leave. Where planned medical treatment has both a cosmetic and health improvement purpose, absence should be reported as sick leave.

### **Occupational Sick Pay Conditions**

- 1.21 The conditions for sick pay are financial provisions indicating an entitlement to occupational sick pay and in no way indicate the amount of absence to which an employee is entitled.
- 1.22 If sick pay entitlement is exhausted before a Final Review Meeting takes place, and where the failure to undertake the Final Review is due to delay by the manager, sick pay will be reinstated at half pay as follows:
- Employees with more than 5 years reckonable service – sick pay will be reinstated if the entitlement is exhausted before the Final Review meeting takes place.
  - Employees with less than 5 years reckonable service – sick pay will be reinstated if the entitlement is exhausted and the Final Review meeting does not take place within 12 months of the start of their sickness absence.

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

- 1.23 The period of full or half sick pay detailed in section 1.13 may be extended:
- where there is the expectation of a return to work in the short term and an extension would materially support a return and/or assist recovery. Particular consideration will be given to those staff without full sick pay entitlements.
  - where it is considered that individual circumstances mean that an extension will relieve anxiety and/or assist recovery.
- 1.24 When an extension to sick pay is being considered for any reason this must first be discussed with an HR representative or the HR service provider.
- 1.25 Sick pay is not normally payable for an absence caused by an accident due to active participation in sport as a profession, or where contributable negligence is proved.

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

## **2.0 SICKNESS DURING ANNUAL LEAVE**

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

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

A 'serious interruption' of annual leave would be deemed as four or more days of continuous illness.

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

2.3 If the employee intends to spend more than one night away from their normal place of residency, whether it be overseas or in the UK, then the employee must provide a written statement from a medical practitioner advising that the holiday would be beneficial to their condition or recovery, and in no way would aggravate or cause detriment to the illness/injury.

2.4 Where necessary, CCG will reimburse the cost of such letters. In addition, CCG may also choose to obtain a medical opinion from the Occupational Health Provider.

2.5 If the leave is supported by a medical practitioner then the employee will have the option to continue with sick leave and have the annual leave credited back or take the time as annual leave, in which case sick pay, occupational and/or statutory as appropriate, will cease.

2.6 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.

2.7 Should the employee take the leave as sickness, then entitlements to sick pay both occupational and statutory will be in line with the normal eligibility rules.

- 2.8 Where the request to continue with a pre-booked holiday is not supported by a medical practitioner, then annual leave should be taken.
- 2.9 Employees will not be entitled to an additional day off if they are sick on a statutory holiday.

### 3.0 SHORT TERM ABSENCE

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

### 4.0 LONG TERM ABSENCE

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

- 4.2 In all cases of Long term absence, advice must be sought from the Occupational Health Provider.
- 4.3 Sickness absence due to the following reasons must always be referred to OHS by Managers:
- **Stress Related** referrals to OHS should be **made within three weeks** of an employee indicating the reason for absence is due to stress, post traumatic stress disorder, panic attacks, anxiety or depression, general debility, irritability, fatigue, or mental ill-health;
  - **Muscular Skeletal Disorders (MSDs)** - OHS advise that a referral is **made within three weeks** of an employee indicating this reason for absence, including neck and back pain, as if not addressed at the onset, it can become a chronic condition;
  - **Occupational Disease** – OHS advise that a referral is **made within three weeks** of any employee being issued with a medical certificate indicating one of the occupational diseases
- 4.4 In cases of long-term absence line managers must arrange to conduct regular review meetings to discuss possible courses of action should the absence continue.
- 4.5 These may include rehabilitation and return to work requirements, redeployment, risk assessment, ill-health retirement etc. The meetings should be recorded and copies of any notes sent to the employee and to an HR representative and retained on the employee's personal file.
- 4.6 Employees may be accompanied by a Trade Union Representative or a work colleague. The line manager may also be accompanied. The frequency of such meetings will depend upon the circumstances of the individual case.
- 4.7 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.
- 4.8 However it should be noted that, as part of the return to work process, it may be more relevant to hold the meetings at a business location, or a suitable alternative venue.
- 4.9 Review and decision dates should be arranged taking into consideration the individual's sick pay entitlements and there must be a review meeting before their sick pay ends.
- 4.10 Employees who fail to attend sickness review meetings may be subject to the various sanctions within this policy.

## **5.0 ONGOING MEDICAL CONDITIONS**

- 5.1 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.

- **Medical advice** - support and guidance to help determine the best course of action for the individual
- **Reasonable Adjustments / redeployment** – consider what adjustments can be made to their role including reduced hours or lighter duties. Identify if there is any suitable alternative role the individual could undertake either on a permanent basis or Interim basis. (refer to Redeployment policy, where appropriate, for additional information)
- **Final Review Panel** - if the individual's substantive post is not suitable due to their ill health and the above steps have been unsuccessful in supporting the employee to resume full duties, a final review hearing should be arranged. In the case of long term sickness absence it will not be necessary to have issued warnings Stage 1 -3, however it would be expected that a fair and transparent process including seeking occupational health advice and regular meetings/discussions with the employee had been followed before a final review panel is arranged, except where this was not possible due to extenuating circumstances.

5.2 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

## 6.0 RETURN TO WORK MEETING

6.1 On their return to work, employees will be required to attend a return to work meeting with their line manager to discuss their absence. If the employee has been absent with a highly sensitive condition he/she may ask for a manager of the same gender to manage the absence. The meeting is separate to an absence review meeting and will take place at an agreed time and in a private place.

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

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

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

## 7.0 OCCUPATIONAL HEALTH Provider (OHP) – Organisational Appointed Medical Advisor

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

- The Occupational Health Provider can be consulted for advice when the likelihood of a return to work or cause of absence is not known.
- A member of staff should be referred to the Occupational Health Provider at an early stage in the absence if it considered that a referral may benefit the employee or the CCG.
- The Occupational Health Provider 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 OHP referral, via their manager, for advice and support on the best way of seeking a return to work.

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

7.3 Employees must make themselves available to attend Occupational Health referrals (this may include home visits by an Occupational Health representative or the attendance at an Occupational Health Office). However, due regard should be made to the accessibility of the location in relation to the nature of absence.

7.4 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. In most cases management will meet with the individual to discuss the content of the report. The line manager must ensure a copy of the report is retained on the employee's personal file.

7.5 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.

7.6 In these cases, any information provided by a third party is always disclosed to Occupational Health and not to management.

7.7 Occupational Health will then provide management with a written summary of the information provided which is pertinent to the employee's on going employment. Employee consent is not required for the release of this report.

7.8 Occupational Health may recommend appropriate treatment, such as physiotherapy or cognitive behavioural therapy, in supporting staff to remain in work, or return to work, at the earliest opportunity.

## **8.0 DISABILITY RELATED ABSENCE AND REASONABLE ADJUSTMENTS**

8.1 If an employee is disabled or becomes disabled during their employment, then the CCG is legally required under the Equality Act 2010 to make reasonable adjustments to enable the employee to continue working. The Act broadened the provisions of the Disability Discrimination Act of 1995, for public sector employees.

- 8.2 Advice must be sought from Occupational Health as to what they suggest are 'reasonable adjustments'. However, it is the line manager's decision as to whether those adjustments are also reasonable for the service. Any adjustments must first be discussed with the individual concerned.
- 8.3 The amendment to the Disability Act (now Equality Act 2010) introduced the concept of positive discrimination where a disabled member of staff (if they are as qualified) can be treated differently in order to ensure they remain in work e.g. an internal disabled applicant, who is displaced from their current role, may be considered favourably against an able bodied candidate.
- 8.4 Where there is a lack of understanding, on any part, if the absences are linked to a disability Occupational Health advice should be sought at the earliest opportunity.

## **9.0 SUBSTANCE MISUSE**

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

## **10.0 RETURNING TO WORK**

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

### **Phased Return**

- 10.3 Where a phased return to work is recommended by the Occupational Health Provider, or a medical practitioner, the employee will be able to return to work on a part-time basis whilst receiving their full pay. This will be for a maximum period of four weeks, after which time, the employee must either substitute their annual leave for days not worked or receive payment only for the hours worked.
- 10.4 Where an employee requests a phased return to work themselves, they must take annual leave for days not worked or receive payment only for the hours worked.

### **Redeployment**

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



## **Temporary Injury Allowance**

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

## **Ill Health Retirement**

- 10.10 Throughout the absence management process all options, such as rehabilitation, redeployment, part time working, job redesign etc. must be considered in conjunction with the employee.
- 10.11 Where the medical opinion is that an employee is permanently unfit for any employment or for the duties of their current role, the individual has the option to apply 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 after two years continuous, pensionable NHS employment.
- 10.12 If an application for ill-health retirement is made, this may constitute an acknowledgement by the employee that they are 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.
- 10.13 This option should be discussed with an individual in full, at the appropriate time, and as much information as possible will be provided to enable the employee to make an informed decision. For more information regarding this procedure please contact the HR Service Provider.

## **Resignation**

- 10.14 At any time during the process an employee may choose to resign from their employment. They are required to give their contractual notice and any outstanding accrued holiday entitlement will be paid in lieu. In some circumstances payment in lieu of notice may also be agreed by the line manager in conjunction with the Chief Officer.

## **Dismissal On The Grounds Of Capability**

- 10.15 Before dismissal is considered, all other options, as outlined above, must have been discussed with the employee during the regular meetings that have taken place throughout the absence. Managers must be satisfied that all relevant information has been obtained and all relevant facts investigated.

Documentation supporting this must be provided to the employee. In cases of long-term sickness, managers must also be mindful of the cessation of occupational sick pay entitlements in conjunction with the long-term prognosis.

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

10.17 Should the dismissal of an employee be identified at any stage in the process as the only appropriate option (i.e. all other options as outlined above have been investigated and found to be inappropriate) a Final Review Hearing will be convened. This will be chaired by the appropriate manager with the authority to dismiss and will be attended by the employee in question, their line manager and a Human Resources representative.

10.18 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.

10.19 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 workplace colleague. The employee has the right to appeal this decision.

10.20 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.

10.21 Where an employee is dismissed during the paid sick leave period they will be entitled to payment equivalent to their total occupational sick pay entitlement (full and half pay), plus payment in lieu of contractual notice and any outstanding annual leave.

## **11.0 MATERNITY RELATED ABSENCE**

11.1 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 they should continue to be monitored.

## **12.0 APPEAL**

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

12.2 Where there is an appeal against a dismissal, employees should address their appeal to the HR Service Provider outlining the reason for the appeal within 10 days of receipt of the letter.

## Appendix 1

### Stages of Attendance Management and Improvement Notification

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

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

**Appendix 2 - Template Letters – Managers are advised to discuss with HR representative prior to sending**

DATE

NAME  
DESIGNATION  
DEPARTMENT

Dear NAME

**Stage 1 Attendance Monitoring Meeting**

Further to our recent Return to Work Meeting, I am writing to confirm that arrangements have been made for us to meet at TIME on DAY, DATE in LOCATION, in order to discuss the matter in more detail.

The purpose of this meeting is to discuss your sickness record as you have reached an absence trigger point, to explore ways in which this can be improved, and to identify any support or assistance we can provide.

This is a formal meeting, held in accordance with stage 1 of the CCG's Attendance Management Policy. Please find attached a copy of the policy which will be referred to during the meeting; Appendix A provides an overview of the procedure, the different stages and potential outcomes.

You are entitled to be accompanied at the meeting by either a Trade Union representative or work colleague. If you choose to be accompanied at the meeting, you are advised that it is your responsibility to make the appropriate arrangements. Furthermore, if you do choose to be accompanied, I shall be grateful if you will let me have the name of your companion by 5pm on DATE.

If you have any queries regarding the content of this letter, please do not hesitate to contact me.

Yours sincerely

NAME  
**DESIGNATION**

Cc Personal file

DATE

Name  
Designation  
Department

Dear Name

**Stage 1 Verbal Notification – Attendance Monitoring Meeting**

Thank you for attending the Attendance Monitoring Meeting held on Date.  
You chose to be accompanied at this meeting. If accompanied list name and title of support

The purpose of the meeting was:

- to discuss your sickness record as you has reached an absence trigger point;
- to identify any support or assistance we could provide; and
- to explore ways in which your attendance could be improved

This was a formal meeting, held in accordance with stage 1 of the CCG’s Attendance Management Policy.

The purpose of the meeting was to discuss your absence levels as you had hit a trigger point 12 days in 12 months. You were aware of this prior to the meeting as this had been discussed with you during the Return to Work meeting on Date. The periods of absence reviewed were:

Dates of absence	Reason for absence
Dates of absence	Reason for absence
Dates of absence	Reason for absence
Dates of absence	Reason for absence

We discussed: *please insert summary*

I therefore advised you that, in line with Stage 1 of the Absence Management Policy, you will be issued with a Stage 1 Verbal Notification. Please accept this letter as confirmation of this.

We agreed on a 12 month improvement plan and discussed targets for improvement. In accordance with the Absence Management Policy, if you have 3 occasions or 10days absence in the next 12 months then we may progress to Stage 2 of the Policy.

The stage 1 Verbal Notification will remain on your personal file for 12 months.

You have the right to appeal against the decision to issue you with a Stage 1 Verbal Notification. If you wish to appeal against the decision you should do so in writing to Name of managers manager, Designation of managers manager within ten working days of receipt of this letter.

If you have any queries regarding the content of this letter or wish to discuss anything in more detail, please do not hesitate to contact me. Furthermore, if you do require any further support at any time, please do bring this to my attention and we can discuss.

Yours sincerely

Name  
Designation

Cc – Personal File

**Individual Work Related Stress Risk Assessment Form**

**Appendix 3**

Hospital / Site: ..... Department: ..... Date: .....

**Individual Assessment For:**

The 6 Work Related Stress Factors (HSE 2005)	Hazard Identified	Remedial Action			
		Already Taken		To Be Taken	
		Action	Sufficient Yes / No	Action	Date Completed
<b>1) Demands</b> – Work overload or underload. <ul style="list-style-type: none"> <li>▪ Quantitative</li> <li>▪ Qualitative                             <ul style="list-style-type: none"> <li>▪ Pace of work</li> <li>▪ Conflicting priorities</li> <li>▪ Capability and capacity of individuals</li> <li>▪ Job satisfaction</li> </ul> </li> <li>▪ Physical Environment                             <ul style="list-style-type: none"> <li>▪ Violence</li> <li>▪ Isolation</li> <li>▪ Noise etc</li> <li>▪ Harmful substances etc</li> </ul> </li> </ul>					
<b>2) Control</b> <ul style="list-style-type: none"> <li>▪ Staff involvement</li> <li>▪ Work / Life Balance (Flexible Working)</li> <li>▪ Problem Solving</li> <li>▪ Working Time Regulations</li> </ul>					

## Individual Work Related Stress Risk Assessment Form

Page 2 of 2

The 6 Work Related Stress Factors (HSE 2005)	Hazard Identified	Remedial Action			
		Already Taken		To Be Taken	
		Action	Sufficient Yes / No	Action	Date Completed
<b>3) Support</b> <ul style="list-style-type: none"> <li>▪ Adequate Training</li> <li>▪ Communication</li> <li>▪ Social Support</li> </ul>					
<b>4) Relationships</b> <ul style="list-style-type: none"> <li>▪ Bullying and Harassment</li> </ul>					
<b>5) Role</b> <ul style="list-style-type: none"> <li>▪ Role Conflict</li> <li>▪ Role Ambiguity</li> </ul>					
<b>6) Change</b> <ul style="list-style-type: none"> <li>▪ Communication</li> <li>▪ Involvement</li> <li>▪ Support</li> </ul>					

You can also use the HSE stress questionnaire tool for more detailed analysis. Please seek advice from the occupational health department.  
Attendance Management Policy