



Haringey
Clinical Commissioning Group

ABSENCE MANAGEMENT POLICY

1	SUMMARY	Policy on the management of absence			
2	RESPONSIBLE PERSON:	Sarah Price – Chief Officer			
3	ACCOUNTABLE DIRECTOR:	Sarah Price – Chief Officer			
4	APPLIES TO:	All staff			
5	GROUPS/ INDIVIDUALS WHO HAVE OVERSEEN THE DEVELOPMENT OF THIS POLICY:	NEL CSU HR			
6	GROUPS WHICH WERE CONSULTED AND HAVE GIVEN APPROVAL:	Joint Partnership Group -27/04/16 Senior Management Team – 24/08/16			
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1. POLICY STATEMENT

- 1.1 Haringey 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 employees and managers about their responsibilities in relation to Absence Management.
- 1.3 It is the responsibility of the CCG to make the most effective use of its employees and the absence management policy contributes to that objective.
- 1.4 This procedure will apply to all employees within the CCG.

2. 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, stress policy 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 absence management and records will be kept in line with the Data Protection Act.
- 2.4 Managers will be fully trained in policies and procedures relating to absence. All new staff will be made aware during their induction.
- 2.5 The CCG recognises that everybody is sick or subject to emergencies from time to time, however regular attendance at work is a contractual requirement.
- 2.6 Short-term absenteeism refers to a series of illnesses, often unconnected, which result in frequent, short periods of absence. The appropriateness of referral to the CCG's Occupational Health Provider will be discussed between the individual, their line manager and the HR Business Partner.
- 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 mindful of obligations that they and the CCG may have under the Equality Act 2010. In identifying whether or not an employee is covered by the Act advice will be sought from appropriate medical professionals.
- 2.9 Advice should be taken from Human Resources at all formal stages of this procedure

to ensure the consistent application of this procedure throughout the CCG.

- 2.10 Employees may be accompanied by a trade union representative or workplace colleague in all discussions with management about their absence in the formal stages of the process.

3. CONTRACTUAL ARRANGEMENTS UNDER THIS POLICY

3.1 Employee Occupational Sick Pay Entitlements

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

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

- 3.1.2 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 preceding that day.

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

- 3.1.4 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.

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

- 3.1.6 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

- 3.1.7 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.

- 3.1.8 In line with the Agenda for Change sick pay for those who have exhausted sick pay entitlements, should be reinstated at half pay, after 12 months of continuous sickness

absence, in the following circumstances:

- Staff with more than 5 years' reckonable service: sick pay will be reinstated if sick pay entitlement is exhausted before a final review meeting for long-term absence has taken place;
- Staff with less than 5 years' reckonable service: sick pay will be reinstated if sick pay entitlement is exhausted and a final review does not take place within 12 months of the start of their sickness absence.

3.1.9 Reinstatement of sick pay should continue until the final review meeting has taken place. Reinstatement of sick pay is not retrospective for any period of zero pay in the preceding 12 months of continuous absence.

3.1.10 The period of full or half sick pay detailed in 3.1.1 may be extended at the discretion of the CCG in exceptional 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 relieve anxiety and/or assist recovery.

When an extension to sick pay is being considered for any reason this must first be discussed with the HR Business Partner.

3.1.11 In accordance with the Agenda for Change, 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.

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

3.2 Medical and Dental Appointments

3.2.1 Staff are expected to make every effort to ensure that routine appointments are made before or after the working day. Where this is not possible, it is expected that appointments will be arranged to minimise disruption to their work. Therefore, appointments should be made at the beginning or end of the normal working day, i.e. within the first or last working hour. Part-time staff and shift workers should try to schedule routine appointments for when they are not working.

3.2.2. Where an employee has no alternative but to attend such appointments during working hours, options available are flexibility in working hours, annual leave or unpaid leave. The line manager will work with the employee to come to a flexible agreement which supports the employee and the needs of the service.

3.2.3 When the appointments become more frequent or the employee has a disability and is required to attend regular appointments (i.e. regular physiotherapy/ attending on-going treatment), the individual should advise their line manager in advance of the appointments. The manager shall consider reasonable adjustments to accommodate

the disability related requirements including variation of working hours, flexible working hours or using a combination of unpaid and annual leave or paid time off to attend appointments.

- 3.2.4 Employees must inform their line manager of any appointments where possible at least 1 week in advance of the appointment. The employee should also bring in their appointment card and pass to their line manager when requesting time off to attend an appointment at the request of the line manager.
- 3.2.5 Employees who are pregnant have a statutory right not to be unreasonably refused time off work with pay for antenatal appointments on medical advice. Paid time off in such circumstances will automatically be granted. Members of staff who need to attend antenatal appointments should notify their line manager as soon as reasonably practical. Please refer to the CCG's Maternity Policy for further guidance.

3.3 IVF Treatment

- 3.3.1 Staff can discuss with their line manager taking a reasonable number of days' leave using annual leave or unpaid leave during the course of the treatment or, where possible, to work flexibly in line with the service needs. Any agreement will need to be made by the line manager.
- 3.3.2 Leave for the actual appointments can be managed in line with the usual procedure for doctors/ dentist and medical appointments up until the point of pregnancy when this should be managed in accordance with the CCG's Maternity Policy and Procedure.
- 3.3.3 It is advised that staff notify their line manager to advise them of any on-going appointments that they will be required to take due to the treatment.
- 3.3.4 Where staff are ill/sick due to effects of treatment the usual sick leave provisions/procedure should apply.

3.4. Annual Leave

- 3.4.1 Sickness absence counts as continuous service and members of staff will accrue annual leave entitlement as normal during any periods of sick leave. If a member of staff is sick whilst on annual leave they can take the accrued annual leave, providing they comply with the procedure below.

Long-term Sick Leave

- 3.4.2 Staff on long-term sick leave may request paid holiday leave in line with normal departmental procedures. No combination of paid annual leave and sick pay will exceed a normal day's pay.
- 3.4.3 Where a member of staff on long-term sick leave is unable to use their leave entitlement before the end of the leave year due to continued sickness, they will be permitted to carry forward unused statutory holiday (20 days per annum inclusive of bank holidays, pro rata for part time staff) into the next leave year, and must use this within the time limits set by the current legal requirements, subject to normal line management approval.
- 3.4.4 If the employment of the member of staff is terminated at the end of the sick leave period or the member of staff leaves the CCG, they will be entitled to payment in lieu of any accrued statutory annual leave not taken. If a member of staff is on long-term sick leave during two leave years and leaves the CCG within a new leave year when they

have not returned to work, they will receive all outstanding payment for statutory leave not taken from the previous year in addition to any accrued in the new leave year.

Sickness during Annual Leave

- 3.4.5 If a member of staff is on annual leave when they fall ill and wishes to reclaim the annual leave for the sickness period, they must:
- a. Report in sick on the first day of illness as outlined in Part 2, section 2 below;
 - b. Provide a medical fit note, signed by a GP within 3 days of the first day of sickness absence. If the GP consulted is outside the UK and provides a note as evidence of illness (as opposed to a UK medical certificate), this must be submitted on the GP's official headed notepaper or have an official stamp. If applicable, medical certificates should be translated into English. If the UK or Overseas GP charges for the medical certificate it will be at the individual's own expense.

Members of staff are able to reclaim the day(s) of sickness absence during annual leave, i.e. if a staff member takes one week's annual leave and is sick for one day of that week then subject to complying with both (a) and (b) above, that one day will be added back to their annual leave entitlement and may be taken at a later date, subject to normal operational requirements.

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

3.5 Secondary Employment

Employees should refrain from their secondary employment, whilst on sick leave from the organisation. This also applies to dual contracts within the CCG and any work during “non-CCG working hours”, e.g. weekends and evenings unless a GP Fit for Work Certificate states otherwise. If an employee wishes to continue with secondary employment whilst off sick, they must request permission in writing from their manager. The employee should outline the nature of the work they wish to undertake and the number of hours they intend to work. The manager must seek advice from the HR Business Partner in this situation and advice from Occupational Health may also be sought to establish the benefits for the employee. Permission should be granted based on the fact that it is beneficial to the employee’s recovery and well-being to undertake the secondary employment.

Failure to adhere to this policy whilst on sick leave may result in disciplinary action which could lead to dismissal. It may also be considered as fraudulent activity by the Local Counter Fraud Service.

4 ROLES AND RESPONSIBILITIES

4.1 Manager Responsibilities

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

- To ensure that they are familiar with the Absence Management Policy and their obligations in relation to the management of the policy;
- To inform all staff of this policy and ensure they are aware of and comply with the notification and certification requirements of this policy;
- To accurately record, report and monitor attendance and absence of all staff for whom they are responsible;
- To resolve absence problems and support staff to achieve satisfactory levels of attendance in line with this policy;
- To initiate referrals for Occupational Health assessments;
- To maintain regular contact with the employee who is absent as a result of sickness;
- To conduct a “Return To Work” meeting with all employees as soon as possible after every absence, regardless of the length;
- To complete and submit to Payroll attendance records for all staff by the 5th of every month, ensuring that accurate, timely reporting.

4.2 Employee Responsibilities

Employees are expected to:

- Ensure regular attendance at work;
- Comply with the notification procedure and certification requirements, as set out in Part 2, section 2 below;

- Maintain regular contact with the line manager whilst on sick leave;
- Co-operate fully in the use of these procedures;
- Attend an appointment with the nominated medical practitioner where appropriate;
- Comply with sick pay scheme;
- Attend review meetings with Management when discussing periods of absence or planning return to work, reasonable adjustments or alternative employment.

4.3 Role of Human Resources

- To advise on the interpretation and implementation of this policy and good practice;
- To assist with liaising with Occupational Health on the management of sickness absence cases, facilitating management referrals where necessary;
- To monitor and identify trends in sickness absence and liaise with line managers when absence levels are becoming a concern;
- To be responsible for the coordination of the formal stages of this procedure and present at all formal meetings.

5. GENERAL POINTS

- 5.1 The CCG's procedure for managing absence MUST be followed. It is the responsibility of every employee to report all of their sickness absence and only in exceptional cases should this procedure be carried out by someone else on their behalf.
- 5.2 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).
- 5.3 Any employee who unreasonably fails to comply with the CCG's Absence Management policy and procedure may in line with Agenda for Change have their occupational sick pay withheld. Any decision to withhold sick pay must be made in conjunction with Human Resources. Advice may also be sought from the CCG's Occupational Health Provider.
- 5.4 The CCG has the right to dismiss employees on the grounds of capability whilst they are receiving sick pay entitlement. Any decision to dismiss on capability grounds will be subject to medical advice and will be undertaken in line with the Capability Policy
- 5.5 The CCG reserves the right to request a medical certificate for periods of absence of less than seven calendar days in cases of short-term persistent absence. Such a decision may be taken following advice from HR and Occupational Health. Such a decision should only be used for a finite period and should be reviewed on a regular basis.
- 5.6 Where dismissal is considered as a possible outcome of managing sickness absence, this policy should be read in conjunction with the CCG's Capability Policy and

Procedure.

6. SCHEME OF DELEGATION

- 6.1 The following is an outline of the scheme of delegation specific to the stages and actions associated to the policy.

Informal procedure	Line Manager within the CCG.
Formal procedure	Line manager or equivalent level manager from elsewhere within the CCG or the line manager's direct manager if the line manager has been previously involved or implicated
Appeal following formal procedure	Line Manager's manager or equivalent who has not previously been involved or implicated
Dismissal Hearings	Chaired by the Chief Officer or a Director or a Deputy Director or equivalent plus one other senior manager and HR representative. The dismissing manager must be at least one grade higher than the employee being dismissed.
Appeal against dismissal	Chaired by the Chief Officer or a Director or a Deputy Director plus one other senior manager and HR representative. The managers will be a different panel to those on the dismissing panel.

The appeal will be undertaken by a different panel to those who have participated on the dismissal panel.

7. EQUALITY STATEMENT

- 7.1 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.

8. MONITORING AND REVIEW

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

PART 2: PROCEDURE

1. NOTIFICATION

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

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

- 1.4 In cases of continued absence, employees must contact their line manager again on the fourth day of absence to provide them with up to date information. Should the absence continue then the employee and the manager must decide upon the frequency of further/continued contact and the form that this will take. It is not sufficient to provide medical certificates as a means of maintaining contact. It should be noted that failure to maintain contact as per the agreement with the line manager and in line with this policy 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 the HR Business Partner.

2. CERTIFICATION

- 2.1 For absences lasting 7 days (including Saturdays, Sundays, Public Holidays and/or non-CCG working days for part-time members of staff) 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 Self-Certificate will be countersigned by a manager and subsequently will be kept in a confidential file. A self-certificate can be found in appendix 2.
- 2.2 If an absence exceeds 7 days (including Saturdays, Sundays, Public Holidays and/or non-CCG working days for part-time members of staff) a doctor's medical certificate must be submitted to the line manager, no later than the 3rd day of absence after the 7th day of absence. A doctor's certificate must be provided on day of expiry of previous certificate if period of sickness continues. The medical certificate is normally retained by the line manager and the absence recorded on the appropriate staff absence record form.
- 2.3 If an absence continues beyond the period covered by the initial medical certificate, further medical certificate must be submitted on day of expiry of the previous

certificate to give continuous cover for the period of absence.

- 2.4 Failure to supply either a self-certificate or a medical certificate in a timely manner may result in the withholding of pay and may invoke the disciplinary procedure. Exceptionally the CCG reserves the right not to guarantee payment on backdated certificates from GPs and employees will need to provide detailed reasons in writing to their line manager if this becomes necessary. If pay is to be stopped the manager will confirm the details to the employee.
- 2.5 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.

Statement of Fitness to Work (FIT Note)

- 2.7 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 a number of options open which the CCG may consider to help to get the employee back to work:

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

Any such recommendations should be considered by the CCG and if the recommendations can be accommodated by the CCG the line manager can discuss and agree them with the individual prior to commencement of work at a return to work discussion. Advice from Occupational Health may be sought to assist in this discussion.

3. RETURN TO WORK MEETINGS

- 3.1 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.
- 3.2 Return to work meetings should take place following any period of sickness absence of the member of staff. A return to work discussion template can be found in appendix 3.
- 3.3 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.
- 3.4 The meeting will also enable the line manager to discuss any assistance and support, such as an Occupational Health referral or counselling, or action on work-related issues that may be provided to enable an employee to return to work or prevent further

absence occurring.

- 3.5 If an employee has breached the trigger levels for short- or long-term absence, the line manager should follow the procedure for managing short- or long-term absence as set out in Sections 4 and 5 below (pages 14-17).
- 3.6 Notes and outcome of the meeting will be agreed, recorded and retained on file. The form in appendix 3 can be used for this purpose.

4. MANAGEMENT OF SHORT-TERM ABSENCE

4.1 The CCG operates an accurate method of recording and monitoring levels of absence. To ensure the consistency with the application of Absence Management Policy, trigger points are used to monitor sickness absence. The triggers for short-term absence are for the informal stage are:

- 4 occasions of absence in any 12 month period, or
- 12 days' absence (on 1 occasion or more) in any 12 month period
- Absences which fall into a particular pattern over the same period of time.

The trigger levels for the informal and formal stages of the procedure are outlined in Appendix 1.

The above triggers should be pro rata for part-time employees and calculated on contracted days worked.

Informal Process

- 4.2 Where the member of staff reaches the trigger for short-term absence or where the member of staff's absences fall into a pattern over the same period, the line manager should discuss this with the member of staff on an informal, one-to-one basis, in the first instance. The line manager should invite the member of staff to an Informal Exploratory Interview to discuss the frequency, reasons and amount of the employee's absence.
- 4.3 At the meeting the member of staff should be given an opportunity to explain any circumstances, which might be contributing to their level of absence, or any other matter which they feel ought to be taken into account.
- 4.4 The line manager should consider if the member of staff should be referred to Occupational Health to understand if there is an underlying problem resulting in the sickness absence(s) or identify any appropriate support, including the Employee Assistance Programme: <http://www.axabesupported.co.uk/default.aspx>
- 4.5 As this is an informal one-to-one meeting, there is no right at this stage for the member of staff to be accompanied by a trade union representative or work colleague, and Human Resources will not usually be present.
- 4.6 The member of staff should be made aware that if sufficient improvement is not demonstrated, the matter may be referred for review under the formal stages of the policy.
- 4.7 A note of the Exploratory Interview should be agreed and signed by both parties and kept confidentially by the line manager in a place which cannot be accessed by others.

Formal Process

- 4.8 This procedure should be followed in all cases of short-term absence, where the informal stage of the process has been exhausted and the member of staff's absence continues to be unsatisfactory.
- 4.9 There is no requirement that an Occupational Health report be obtained in advance of a formal meeting. However, if it is felt that the member of staff's absence may be caused by an underlying health issue, it is recommended that Occupational Health advice is sought prior to the meeting.

4.10 Stage 1 – First Formal Stage

The line manager, in consultation with Human Resources, arranges a formal meeting with the member of staff in accordance with Section 7 below.

At the meeting the line manager will:

- Outline the details of the sickness absence;
- Explain that the member of staff is not meeting the level of attendance required for the job;
- Ask the member of staff if there are any factors that may be contributing to their level of attendance;
- Outline the operational impact that the absences are having on the department;
- Discuss and agree with the member of staff any additional support, including an Occupational Health referral, which may help them achieve an acceptable level of attendance.

Following the meeting, the line manager will fully consider all the evidence that has been presented, both oral and written, and will either decide to take no action or if they decide that it is appropriate to do so, they will issue the member of staff with a written warning.

The written warning will advise the member of staff:

- Of the expected attendance level over a set review period (normally 6-12 months);
- That failure to reach the level of attendance required may result in their dismissal;
- Of their right to appeal as outlined in section 10 below;
- The warning will be live for a 12 month period.

4.11 Stage 2 – Second Formal Stage

If the high level of absence continues, the line manager will convene a second formal sickness review meeting with the member of staff.

If it has been established at the previous stages that the member of staff's absence may be caused by an underlying health issue, Occupational Health advice should be sought before the meeting.

At the meeting the line manager will cover the points outlined in section 4.8.2 above.

Following the meeting, the line manager will follow the procedure set out in section

4.8.3 above.

The written warning will advise of the points outlined in section 4.8.4.

4.12 Stage 3 – Final Formal Stage

In the event that the employee's absence has not improved, a final review hearing will be convened under the CCG's Capability Procedure, Stage 3.

5. MANAGEMENT OF LONG-TERM ABSENCE

5.1 Long-term absence is classed as at least 28 calendar days' continuous absence.

5.2 It is recognised that there are occasions when members of staff may need to take a protracted period of absence to recover from more serious health conditions. These types of absences fall into two general categories:

- Long/medium term planned absence to cover health conditions where the length of absence can be predicted (e.g. broken bones or in-patient operative procedures requiring rehabilitation).
- Long/medium term unplanned absence where it is much more difficult to predict the likely duration of the sickness absence period (e.g. diseases, infections, mental health etc.).

5.3 In all cases of long-term absence managed under this procedure, Occupational Health advice must be sought.

Sickness Absence Review Meetings

5.4 Line managers must conduct regular review meetings to discuss the situation with the member of staff and decide the appropriate application of the formal stages in conjunction with Human Resources. In cases of long-term absence the formal procedure outlined in sections 4.6-4.10 will normally be followed.

5.5 The process for dealing with sickness absence under this section will very much depend on the individual circumstances of the member of staff. In situations where there is an underlying health issue, a member of staff may have one or several sickness absence review meeting(s) before action is agreed and implemented. This will depend on the medical condition, the treatment, the long-term prognosis, and the sustainability of the absence after considering the effects on the department, comments made by the member of staff and Occupational Health advice. In some cases it may be necessary to move straight to the formal procedure. The Human Resources representative will be able to give guidance on this.

5.6 At the review meeting the line manager will discuss the following with the member of staff:

- Their underlying health condition;
- Occupational Health advice if this has been sought;
- Anticipated recovery progress;
- Whether they expect to be able to return to work in the foreseeable future;
- What type of support they feel they need on return to work.

The line manager should discuss with the member of staff possible next steps/outcomes should the absence continue, taking into account the facilities and adjustments outlined in section 10 below, as appropriate.

- 5.7 Review meetings should be arranged taking into consideration the points outlined in section 5.5 and the individual's sick pay entitlements. Where possible a review meeting will be held before the sick pay ends.
- 5.8 In cases of long-term absence where there is a serious underlying health problem, it may be appropriate to immediately hold a final review hearing in line with the Formal Stage 3. This may occur, for example, where it is clear that progressing through each stage is not likely to assist in resolving the matter and redeployment, ill health/voluntary retirement or dismissal on the grounds of incapacity may be the only realistic option.

6. ONGOING MEDICAL CONDITIONS

- 6.1 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) **Medical advice**, support and guidance to help determine the best course of action for the individual
 - 2) **Reasonable Adjustments / redeployment** – consider what adjustments can be made to the role including hours or lighter duties. Identify if there is any suitable alternative role the individual could undertake either on a permanent basis or Interim basis.
 - 3) **Final Review Panel**- if the individual's substantive post is not suitable due to their ill health and the above stages have been unsuccessful in supporting the employee to resume full duties, a final review hearing should be arranged in accordance with formal Stage 3 of the Capability Policy.
- 6.2 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.

7. OCCUPATIONAL HEALTH SERVICES (OHS) – *Organisation Appointed Medical Advisor*

- 7.1 In cases of sickness absence, managers are expected to exercise discretion in referring such absences to the Occupational Health Service and the following principles should be applied:
- The Occupational Health Service can be consulted for advice when the likelihood of a return to work or cause of absence is not known;
 - A member of staff should be referred to the Occupational Health Service at an

early stage in the absence if it 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 Service referral, via their manager, for advice and support on the best way of seeking a return to work.

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

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

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

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

7.6 In accordance with Agenda for Change, employers may, at any time, require an employee absent from work due to illness to attend an examination by a medical practitioner. Sick pay may be withheld if a member of staff refuses to attend Occupational Health.

7.7 Where a member of staff has refused to attend Occupational Health, their absence will be managed based on the information available to management at that time.

8. DISABILITY RELATED ABSENCE AND REASONABLE ADJUSTMENTS

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

8.2 Line managers must seek advice from Occupational Health as to what they suggest are 'reasonable adjustments'. However it will be the line manager's decision as to whether those adjustments are also reasonable for the service. Any adjustments made

must be discussed with the individual concerned

- 8.3 The amendment to the Disability Act (now Equality Act 2010) also introduced the concept of positive action where a disabled member of staff (if they are as qualified) can be treated differently in order to ensure they remain in work. E.g. An internal disabled applicant, who has been displaced from their current role, may be considered favourably against an able bodied candidate.
- 8.4 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. MATERNITY RELATED ABSENCE

- 9.1 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, the absence should continue to be monitored and recorded.

10. RETURNING TO WORK

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

Phased Return

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

Ill Health Retirement

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

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

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

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

Resignation

- 10.8 At any time during sickness absence an employee may choose to resign from their employment. They are required to give their contractual notice and any outstanding accrued holiday entitlement will be paid in lieu.
- 10.9 Payment in lieu of notice may be agreed by the line manager in conjunction with Human Resources.

Dismissal On The Grounds Of Capability

- 10.10 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.
- 10.11 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.
- 10.12 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.
- 10.13 The employee has the right to appeal the decision to dismiss.
- 10.14 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.
- 10.15 Where an employee is dismissed during the paid sick leave period their entitlement to sick pay will cease from the last day of employment. They will receive payment in lieu of contractual notice and any outstanding annual leave.

11. NOTIFICATION AND REPRESENTATION AT ANY FORMAL MEETINGS

11.1 As far as is practicable, line managers should take the member of staff's health into consideration when arranging timing and location of meetings. If an employee is too ill to travel, the line manager may arrange to conduct a home visit or a teleconference 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.

11.2 All members of staff will receive five working days' written notification of any formal meeting convened under the sickness absence procedure.

The notification will include:

- The date, time and venue of the meeting;
- The purpose of the meeting;
- Details of all attendees at the meeting. Copies of any documentation that will be considered at the meeting;
- A copy of the sickness absence procedure;
- The potential outcome of the meeting, i.e., issue of a first, final written warning or dismissal.

11.3 The member of staff has the right to be accompanied by a work colleague or trade union representative. In exceptional circumstances the line manager and Human Resources representative may agree to the member of staff being accompanied by a family member or friend who is not legally qualified. A HR representative will be present at all formal meetings.

11.4 Where the member of staff's representative is unavailable to attend the original hearing date, one postponement will be allowed for an alternative date within five working days of the original date.

11.5 If the member of staff is unable to attend the re-arranged sickness absence review meeting, they should be given the opportunity to submit comments in writing and should be made aware that a decision may be made in their absence.

12. OTHER CIRCUMSTANCES

CCG's Formal Procedures

12.1 Reasonable steps will be taken to accommodate and support staff, and sickness absence will be managed in line with this Absence Management Policy.

12.2 Being on sick leave does not prevent a formal process from continuing, and aspects of the process that can be completed in the member of staff's absence, such as interviewing any witnesses and gathering relevant documents will go ahead.

12.3 If a member of staff becomes ill ahead of a formal meeting, they may be referred to the Occupational Health service to assess their fitness to attend meetings and continue with the process. Meeting dates will usually be rescheduled once, and if the member of staff is unable to attend the rescheduled meeting, they will be informed of their right to submit any written documents to support their case and the process will continue in their absence.

13. APPEAL

- 13.1 Employees may appeal against any formal 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.
- 13.2 Where there is an appeal against a dismissal, employees should address their appeal to the appropriate Director outlining the reason for the appeal with 21 days of receipt of the outcome letter.

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

*The above triggers should be pro rata for part-time employees and calculated on contracted days worked

SELF-CERTIFICATION FORM

Appendix 2

This form is to be completed by the employee for all periods of absence up to and including seven calendar days. Full details of sickness and absence reporting and certification requirements are set out in Haringey CCG's Absence Management Policy.

To be completed in block capitals.

1.	Surname:	5.	Reason for Absence:
	First Name:		
	Dept/Ward:		
	Base:		
2.	Employee Number:	6.	Was this due to an accident at work?
3.	Inclusive Dates of Absence		YES / NO
	From:		If yes, was an incident form filled in?
	To:		YES / NO
4.	Date of Return to Work:	7.	I declare that the information given is full and true to the best of my knowledge and is in no way misleading. I understand that if I give false information I can lose my entitlement to sick pay and disciplinary action may be taken and the matter may be referred to the Local Counter Fraud Service.
			I confirm that I have not undertaken paid work elsewhere during this period or engage in activities inconsistent with declaring myself unfit for work and understand that such a matter would be referred to the Local Counter Fraud Service and disciplinary action may be taken.
			Signed: _____
			Dated: _____

Received by Line Manager on: _____

Signed by Line Manager: _____

This form is to be securely retained by Line Manager

RETURN TO WORK DISCUSSION RECORD

Appendix 3

Name			
Date of Absence	From	To	Number of Days
Certified (delete as appropriate)	Yes/No Self-Certificate/Medical Certificate		
Reason for Absence & Additional Information/Circumstances <i>(NB: unwell or ill are not acceptable)</i>			

	Number of Days	Number of Episodes
Total absence during last 6 months		
Covered by medical certificate		
Self-certified		
Additional Information/circumstances surrounding previous episodes		

Return to Work Interview/Exploratory Meeting took place on: _____
 Reason: _____
 Meeting Attendees: _____

Plan/Discussion of how to minimise future occurrences (Please use reverse of form if necessary)	
---	--

Signed (Manager): _____ Date: _____

Signed (Employee): _____ Date: _____

Title of the change proposal or policy:

Absence Management

Brief description of the proposal:

To ensure that the policy amends are fit for purpose, that the policy is legally compliant, complies with NHSLA standards and takes account of best practice.

Name(s) and role(s) of staff completing this assessment:

Kasia Parfieniuk (HR Adviser)

Date of assessment: October 2015

Please answer the following questions in relation to the proposed change:

Will it affect employees, customers, and/or the public? Please state which.

Yes, it will affect all employees

Is it a major change affecting how a service or policy is delivered or accessed?

No

Will it have an effect on how other organisations operate in terms of equality?

No

If you conclude that there will not be a detrimental impact on any equality group, caused by the proposed change, please state how you have reached that conclusion:

Believe that the policy will have an effect on all staff including those with protected characteristics under the Equality Act.