Management of Sickness Absence Policy and Critical Illness Guidance
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**Check list for Governing Body/approving committee**

| Has an Equality Impact Assessment been completed? | Yes |
| Has legal advice been sought?                   | No  |
| Have training issues been addressed?            | Yes |
| Are there financial issues and have they been addressed? | Yes |
| How will implementation be monitored           | Through the SWCSU HR Team |
| How will the policy be shared with:             | Via the Bristol CCG internet site and dedicated communication to Bristol CCG employees. |
| • Staff                                        |     |
| • Patients                                     |     |
| • Public                                       |     |
| Are there linked policies and procedures       |     |
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1 Introduction

Bristol Clinical Commissioning Group (CCG) recognises the importance of a positive approach to the management of sickness absence to enable the CCG to operate effectively, to provide the necessary support to employees and to ensure that all employees are treated in a consistent and equitable manner.

As a good employer, the CCG recognises and fully accepts its responsibility to maintain the health, safety and welfare of its employees; to ensure that the working environment is safe and that conditions of employment are conducive to promoting health and well being. The CCG aims to provide a healthy and safe working environment for all employees in terms of the physical environment but also the psychological environment in terms of ensuring individuals are free from abuse and harassment, have a sense of empowerment and have a certain degree of control over their work.

The management of sickness absence is important for the CCG in relation to being able to operate effectively.

Staff members are the CCG’s most valued resource and the quality of the services delivered depends upon the full participation and contribution of all staff. If levels of employee non-attendance due to sickness are high, this inevitably has a negative impact on both the scope and quality of services provided and may place staff who are left to maintain services, under undue pressure.

This policy and procedure covers the management of health and sickness issues for all employees. Specifically this covers the responsibilities of the CCG, managers and employees in promoting good health and in managing sickness and sickness absence both where there is and is not an underlying health cause. The CCG is committed to supporting its employees in achieving satisfactory attendance, via the application of this policy whilst respecting the employees dignity and privacy.

The CCG has a sickness absence target of no more than 3% within a rolling 12 month period. This equates to no more than 2 days/15 hours sickness absence during three months for a full time member of staff. This should be pro rata for part time employees. This policy is designed to ensure that employees do not breach this. Sickness absence will be managed informally following either 3 episodes of sickness absence in six months (trigger A) or an episode of sickness absence that lasts for more than four weeks (trigger B).

This policy supersedes all previous policies and procedures in relation to managing sickness absence. Further support and advice regarding absent from work due to sickness can be sought from the Human Resources Department.

2 Aims and Purpose

The purpose of this policy is to assist managers and staff to maintain an optimum level of attendance at work. It also ensures that non-attendance due to sickness is managed effectively and that staff who are absent due to illness are treated fairly and sensitively.
This guidance is in line with current legislation which pertains to absence management specifically the Equality Act (2010).

This document clarifies the roles and responsibilities of both managers and staff, and highlights the consequences of failing to follow the procedures included in the policy.

The aims of the policy are:

- To promote health and well-being of the workforce.
- To ensure that staff are treated fairly, consistently and sensitively.
- To positively support staff who are absent due to sickness or disability.
- To provide managers with a framework for dealing with sickness absence.
- To ensure that all staff are fully aware of their obligations (including reporting requirements) both under the provisions of this policy and their terms and conditions of employment.
- To ensure that non-attendance due to sickness has minimum impact on the CCG's overall performance.

3 Roles and Responsibilities

All those who have access to personal information relating to sickness absence have a general responsibility to ensure that this information is treated in a confidential manner in accordance with the Data Protection Act 1998.

3.1 CCG Quality and Governance Committee and Governing Body

The CCG Quality and Governance Committee and the CCG Governing Body have a strategic responsibility to ensure that appropriate conditions at work exist to ensure the health and safety of the workforce and to ensure that employees are able to maintain regular attendance.

The CCG Quality and Governance Committee and the CCG Governing Body have a duty to review and consider any trends or areas for concern in relation to any or all of the protected characteristics through the workforce reports.

3.2 Nominated Director

The CCG Operations Director will ensure that:

- The CCG Quality and Governance Committee and the Governing Body understand the information that can be supplied by the system.
- It is clear what remedial action the CCG will take if targets are not met.
- Line managers understand the information that they will receive.
- Line managers know what action should be taken if targets are not being met.
- Line managers understand and are fulfilling their role.
- Line managers have received appropriate training to carry out their role.

3.3 The Human Resources Department
Will oversee the introduction, operation and monitoring of the policy and will report on sickness absence levels on a regular basis.

Will ensure the provision of training, guidance and support for managers on the operation of the policy.

Will ensure the provision of regular and accurate information on sickness absence levels/trends to line management and identify problem areas and appropriate solutions.

Will provide advice and guidance to managers on the Management of Sickness Absence Policy and its application.

Will assist managers in the handling of sickness absence issues.

Will assist and provide appropriate support and information to employees who are applying for ill-health retirement and other aspects of early retirement.

HR can attend stage 1 formal sickness meetings if necessary; however HR will be present at stage 2 formal sickness meetings and stage 3 hearings.

At stage 3 hearings HR will be present to provide support to the line manager and the dismissing officer.

### 3.4 Occupational Health

- Will provide a reporting service for managers in respect of employees with sickness absence issues following a management referral.
- Will provide a report to HR following employees submitting a self referral. (The report generated from a self referral will not be shared with the employees line manager).
- Will offer advice on appropriate help and support to employees to improve attendance levels, improve employee's health and assist their return to work where appropriate.
- Will assess the need for re-deployment and/or rehabilitation of employees with health problems and provide the necessary advice guidance and support.
- Will advise managers on what reasonable adjustments might be necessary to facilitate a return to work and/or comply with the Equality Act.
- Will assess the likely return to work date of an absent employee.
- Will provide medical support, as appropriate, to employees who are retiring on health grounds.
- Will advise on the need to exclude employees from duty due to contact with a notifiable and/or infectious disease.

### 3.5 Managers

The control and management of absenteeism is a management function. Each manager is responsible for managing absenteeism for the staff that are accountable to them, and for treating employees who are ill in a sensitive, fair and consistent manner.
Managers will, therefore:

- Identify early warning signs at work that might prevent sickness (i.e. stress, incidents at work).
- Implement adjustments recommended by HR and Occupational Health that are feasible and reasonable in view of service delivery, into the workplace to help individuals attend work and review them as and when required.
- Apply the principles of the Management of Sickness Absence Policy fairly and sensitively.
- Ensure that members of staff fully understand the departmental notification of sickness absence procedures.
- Ensure that the importance of this policy is emphasised and that all staff are made fully aware of the policy and their obligations under it.
- Ensure, in conjunction with Health and Safety advice that acceptable physical working conditions are in place and that health and safety standards are properly maintained.
- Ensure that where a member of the team is absent on long-term sickness, they will maintain informal contact and offer possible support appropriate to the individual circumstances.
- Monitor the attendance of members of staff for whom they have responsibility.
- Accurately and regularly submit the necessary sickness information including dates and reasons for absence to the CCG individual responsible for the payroll submissions. If an employee goes home unwell from work the number of hour’s absence should be recorded.
- Maintain accurate records of sickness absence locally.
- Ensure that sickness absence is never ignored.
- Endeavour to find out the cause of absences, but only in general terms.
- If an employee contacts their manager and states that they are fit to return to work, the manager will be expected to carry out a return to work meeting on the day that the employee returns to work and if necessary discuss whether the employee needs to be referred to Occupational Health. If necessary a discussion may also need to take place if the employee’s sickness absence gives cause for concern and needs to be monitored informally in line with this policy.
- Managers will carry out regular return to work meetings as part of sickness absence management and complete the return to work paperwork within 3 days of carrying out the return to work meeting.
- Conduct risk assessment exercises when appropriate and when recommended by the Occupational Health Department.
- Keep the HR Department well informed of those who are on long term sick or who have a large amount of short term sickness periods.
- Ensure a final review meeting always takes place before a member of staff is due to enter nil pay.
Meet formally with the employee to offer support and set attendance targets as and when appropriate in line with this policy.

Ensure employees are aware of the Health and Wellbeing Policy and actively promote this policy.

If applicable, support the rest of the Team if they are affected by the employees absence/situation.

### 3.6 Trade Union Representatives

- Will support the fair and equitable application of this policy and represent their members at any stage of the formal procedure if requested.
- Will ensure that sickness absence is being managed in line with this policy.
- Will support appropriate efforts to reduce sickness absence.
- Will support appropriate efforts for a successful return to work of those employees who have been absent due to sickness.
- Will respond in a timely manner to requests for their availability or to acknowledge attendance at meetings.
- Will negotiate a mutually agreeable date to attend meetings within ten working days, from the point of request, except in exceptional circumstances.
- Will support employees who are members of a Trade Union at the formal stages of the sickness absence process.

### 3.7 Employees

Employees are expected to demonstrate a commitment to the CCG, and to effectively discharge the obligations of their contract of employment, by regular attendance at work.

Employees are, therefore expected to:

- Ensure that they have read and have fully understood the provisions of this policy.
- Take all reasonable steps to keep themselves in a good standard of general health including ensuring that all appropriate vaccinations and immunisations are taken, and to comply with the CCG’s Health and Safety Policy. To familiarise themselves with the CCG Health and Wellbeing Policy.
- Not attend work if unwell or unfit if in so doing they would affect their health and/or the health of others.
- Comply with all departmental procedures for notifying their manager that they are not fit for work. This should be done on the first day of sickness absence. The reporting of sickness absence should be done verbally by the employee themselves, where reasonable, (not a third party) to the employee’s direct line manager (or nominated person if the line manager is unavailable). Email and text messages are **not an acceptable way of communicating sickness absence.**
Complete a self certification form within three days of returning to work if their period of absence was of 7 calendar days or less. The self certificate form can be found in Appendix C, this form must be completed and signed by the employee and line manager and kept by the Line Manager. Sick pay will not be paid without a self certification form as absence will be deemed as ‘unauthorised’.

If a period of sickness absence lasts, or is due to last, for 8 calendar days or more, the employee must provide a GP fit-note signed by themselves and a registered medical practitioner. If the employee continues to be absent due to sickness they must continue to submit fit-notes to cover the duration of the period of absence. Fit-notes must be submitted before the expiry of the previous fit-notes. Failure to supply a self certification form or a fit-note covering the entire period of absence will result in unauthorised absence and pay will be withheld accordingly.

Backdated fit-notes will not be accepted.

Employees must inform their manager at the earliest opportunity if they are feeling fit to return to work.

Throughout a period of sickness absence it is the employee’s responsibility to keep their line manager updated on their current situation i.e. if their condition is becoming worse, if their expected return to work date is going to change.

Whilst off sick, refrain from any activity (e.g. domestic, social or sporting) that may be prejudicial to recovery.

Not use annual leave when unwell in order to avoid absences being recorded as sick leave.

Attend and actively participate in return to work meetings and sickness review meetings when required to do so.

Immediately inform the relevant manager or nominated person if they think their sickness absence is work related, for example: as a result of an incident or accident at work or if you have come in to contact with an infectious disease. They should also complete an incident form. (This can be accessed through the Health and Safety Department.)

Attend an Occupational Health appointment if reasonably requested by the relevant manager. This may be whilst they are off sick or at any time if the manager is sufficiently concerned about their well being.

The employee is expected to inform the Occupational Health professional of the full details of their condition. Failure to disclose all relevant information may affect the advice provided by the Occupational Health professional and may impact on the support the CCG can provide. Failure to disclose all relevant information, without substantial mitigating reasons, may be viewed as gross misconduct and the matter investigated further under the CCG’s Disciplinary Policy. Medical information will not be released by OH to Human Resources or line managers without the employee’s consent. If the employee would prefer to discuss a piece of information with HR in the first instance, rather than Occupational Health they are encouraged to do so.
Employees are expected to cooperate with requests from Occupational Health to obtain information from relevant clinicians (GP or hospital consultants). This will enable Occupational Health to provide relevant and accurate advice regarding support for the employee.

The occupational health provider IMASS will contact an employee to arrange a mutually agreed appointment time with the employee. Appointments may be either telephone or face-to-face appointments depending on what is most appropriate.

Employees should inform their manager when an occupational health appointment has been arranged to ensure the manager can support them; for instance ensuring they have time off from work to attend.

If an employee does not attend an appointment for Occupational Health (a telephone or face-to-face appointment) after having 2 opportunities to do so, the CCG will have no alternative other than to manage their sickness absence as if they have “no underlying health cause” and with no advice or guidance from the Occupational Health provider.

Follow the advice and support measures given by Occupational Health, the relevant manager and the HR Department, which will facilitate a return to work.

If employees fail to attend their Occupational Health appointments (a telephone or face-to-face appointment) the employee will be charged £90 for the missed appointment if they fail to provide IMASS (Occupational Health provider) with the required notice of 48 hours when cancelling or rebooking. The £90 will be deducted from the employee’s salary. The only exemption to this would be an exceptional circumstance such as an extreme medical emergency which would need to be verified by medical evidence e.g. hospitalisation.

Where a charge does apply, an employee can agree for deductions to be made in monthly instalments.

Employees must not falsely claim occupational or statutory sick pay and any false claim maybe construed as fraudulent activity and investigated by the Local Counter Fraud Service.

Employees must make themselves aware of the implications of sick leave and secondary employment. Please refer to the Secondary Employment Policy for further information. Employees should not undertake any work whilst off sick, unless a GP advises otherwise via a fit-note.

3.8 The Payroll Provider

- Will ensure that the HR Department, line manager and employee are notified in a timely manner when an employee is going to enter a half or no sick pay situation.
- Will ensure that the employee’s sick pay is correctly and accurately administered.
- Will withhold pay if an employee’s period of sickness absence has not been certified by a self certification form or GP’s fit-note.

3.9 Counselling Service
There is a free counselling service available to all employees.

The counselling service is completely confidential.

Information regarding the counselling service can be obtained through contacting the HR department, which has a list of the counsellors available.

If a member of staff wants to arrange an appointment with a counsellor they can be accessed either by telephoning 0117 9002181 or emailing direct to counselling@swcsu.nhs.uk.

NB Staff do not need to be referred to occupational health before accessing the counselling services.

4) Sick Pay

These arrangements are intended to supplement statutory sick pay to provide additional payment during absence due to illness, injury or disability.

There are certain conditions attached to the payment of contractual sick pay and these can be located in the national agenda for change handbook section 14.

Your sick pay is calculated according to your NHS continuous length of service. If you are absent from work owing to illness you will be entitled to receive sick pay in accordance with the scale below:-

- During the first year of service – one month’s full pay and two months’ half pay in a rolling 12 month period.
- During the second year of service – two months’ full pay and two months’ half pay in a rolling 12 month period.
- During the third year of service – four months’ full pay and four months’ half pay in a rolling 12 month period.
- During the fourth and fifth years of service – five months’ full pay and five months’ half pay in a rolling 12 month period.
- After completion of five years service – six months’ full pay and six months’ half pay (maximum entitlement) in a rolling 12 month period.

If an employee is already in a half or nil pay situation and they return to work the manager must notify the payroll provider via the HR Team, so that the employee is paid correctly on their return to work. Managers should not wait to notify Payroll via the monthly manpower return report of the employees return to work. However the monthly manpower return report still needs to be completed as required.

Occupational sick pay will not be paid for cosmetic surgery unless it is deemed necessary on medical grounds by Occupational Health or a GP. Evidence of this is required before occupational sick pay will be issued. Types of evidence that would be acceptable would be a letter from a GP outlining the surgery is due to medical grounds or confirmation of NHS funding. Statutory sick pay will be issued if a fit-note is provided regardless of the reason for the cosmetic surgery. Consideration to grant annual leave or unpaid leave should be given by the manager when the surgery is not due to medical grounds. Statutory sick pay and annual leave cannot be paid in conjunction with each other. In the unfortunate event that there are complications after the cosmetic surgery resulting in the
member of staff being unfit for work for longer than normal (i.e. post surgery infection) then normal occupational sick pay will apply for the excess recovery period.

Employees unreasonably failing to discharge their responsibilities under this policy may lose their entitlement to occupational sick pay and/or be subject to disciplinary action in accordance with the provisions of the CCG’s Disciplinary Procedure.

5 **Sickness Monitoring, Return to Work Meetings and Fit-Notes**

Sickness monitoring and return to work meetings form a critical part of managing sickness effectively. All employees are expected to engage in the sickness monitoring process.

5.1 **Sickness Monitoring**

The manager/nominated person systematically monitors all sickness absence. Details of your sickness absence will be noted on your sickness absence record which is kept in the strictest of confidence. Sickness absence dates are also entered onto a computer database within the payroll department to ensure correct salary/wages payments are made.

Monitoring sickness absence helps your manager to identify any work related health problems and other concerns in order that they may create a healthy workplace and manage your department efficiently for you and others.

Only true sickness absence should be recorded. If you have a problem such as a child or family member who is sick, etc, then you should refer to the CCG’s Work Life Balance Policy and take the appropriate leave. Sickness absence should not be used to cover carer responsibilities. Your manager/HR can help advise with this. Claiming statutory or occupational sick pay inappropriately can result in disciplinary action and maybe deemed as fraudulent activity by the Local Counter Fraud Service.

All sickness absence will be recorded in hours. If a member of staff attends work and leaves work early due to sickness, the hours that they are absent from work due to sickness will be recorded and counted towards sickness triggers or targets.

5.2 **Return to Work Meetings**

On an employee's return to work after a period of absence a return to work meeting should take place between the employee and the manager. This should take place at the earliest convenient time following the employee’s return. Afterwards complete the Return to Work Pro-Forma (Appendix B) and ask the employee to complete a self certificate form if required. The Line Manager is responsible for keeping copies of all sickness paperwork. Guidelines on conducting a return to work meeting can be found in Appendix D.

5.3 **Fit-Note**

If an employee visits their GP they will no longer simply be certified as unfit for work. Instead, the GP may certify the employee as “may be fit for work taking into account the following advice:” The GP will then make suggestions for adjustments
that can be made to facilitate a return to work, such as a phased return, altered hours or duties, or adjustments to the workplace.

The line manager should consider whether the advice of the GP can be accommodated. If necessary, the line manager should refer the employee to Occupational Health for further advice. All efforts should be made to accommodate the recommendations of the GP provided doing so does not significantly impact service delivery, and only if they cannot be accommodated the employee will be considered as signed off sick.

If the advice can be accommodated, the line manager should arrange a formal sickness meeting to discuss this.

6 Definitions of Sickness Absence

Within this policy, a distinction will be drawn between sickness absence without an underlying health cause and sickness absence with an underlying health cause, short term sickness and long term sickness.

Sickness absence without an underlying health cause

This is a period or pattern of sickness for which Occupational Health advise that there is no common underlying health cause. This will normally present itself as short-term sickness – a number of short periods of sickness absence, which may not be medically certified if the period of absence has been for less than 7 days.

Sickness absence with an underlying health cause

This is a period of sickness absence for which Occupational Health advise there is an underlying health cause.

Short term Sickness

This is an episode of sickness absence that lasts less than 4 weeks.

Long term Sickness

This is an episode of sickness absence that lasts for 4 weeks or more.

7 Definitions of Disability

The Equality Act 2010 states that a disabled person is someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day to day duties.

7 Planned Sickness Absence

If it is known in advance that an employee is going to be taking sick leave, for instance due to planned surgery, then the manager will make arrangements with the employee, prior to their absence, to make future contact with them on an agreed date.

The purpose of the manager making contact at this time is to determine how the employee is and when the likely return to work will be. The manager should consider making a referral to Occupational Health (OH) for a health assessment prior to a return to work following surgery. This will involve discussing any suitable work adjustments and their implementation.

8 Health appointments during work time
There is no automatic right to paid time off for pre-planned appointments such as for the doctor, dentist or hospital. Employees are expected to arrange these appointments outside of working hours, where this is not possible they will need to speak to their manager who will consider every case on its own merits. Staff may be able to make the time up or use time owed in lieu as an alternative to booking leave or taking the time as unpaid. See Special Leave Policy and Maternity Leave Procedure for circumstances that are not covered above.

9 Triggers for Absence Management

The CCG has a sickness absence target of no more than 3% within a rolling 12 month period. This equates to no more than 2 days/15 hours sickness absence during three months for a full time member of staff. This should be pro rata for part time employees. This policy is designed to ensure that employees do not breach this.

Sickness absence should be managed initially informally once one of the following targets are hit:

- 3 episodes of sickness absence in six months (trigger A)
- An episode of sickness that lasts for more than four weeks (trigger B)

10 Management approach if triggers activated

If trigger (a) has been breached, Procedure A should be followed. If trigger (b) has been breached, Procedure B should be followed.

11 Procedure A: For Managing Short Term Sickness Absence

Informal Sickness Process

The manager should arrange an informal sickness meeting with the employee, if they have hit the triggers of 3 episodes of sickness absence in 6 months.

During the meeting the manager and employee should discuss the reasons for the absences and identify if there is any further support the employee requires or any temporary adjustments that can be made.

The manager should make the member of staff aware that if they have more than 2 days sickness absence during the next three months they will have to proceed to managing their sickness absence in line with the formal stage of the sickness policy.

If considering moving to the formal stage 1, the manager and employee should discuss whether it is necessary to refer the employee to Occupational Health. If the reason for absences is due to minor ailments an Occupational Health referral is unlikely to be necessary.

If the member of staff’s attendance improves during the three months, they will be removed from the informal stage of the policy. However if their sickness absence gives cause for concern, i.e. they have had more than 3 episodes of sickness absence during the following 6 months they will be managed in line with the formal stage of the policy.

Sickness absence will be monitored on a 6 month rolling basis following removal from each stage of the policy, if the target is successfully met.
Stage 1 – First Formal Sickness Meeting

The manager should arrange a formal sickness meeting with the employee. The employee can be accompanied at this stage of the policy by a Trade Union Representative or a colleague not acting in a legal capacity. The purpose of the meeting is to inform the employee of the results of the Occupational Health assessment if a referral has been made and to discuss how the employee can achieve an acceptable level of attendance.

If Occupational Health advise that the recurrent absences are due to an underlying health condition, the line manager should seek further advice on what level of sickness absence they can reasonably expect. They should then consider what reasonable adjustments can be made to facilitate the employee meeting the attendance target of no more than 2 days sickness absence during three months (this target to be pro rata for part time employees).

This could include:

- Change in working patterns
- Reduction in hours
- Alteration of duties

In exceptional circumstances the line manager may consider adjusting the expected attendance target in light of the underlying health condition in question. Such action should be discussed with Human Resources and then recorded to ensure a consistent and equitable approach is being taken across the CCG.

At the end of the meeting an attendance target will be set. This target will be no more than 2 days sickness absence during the first three month period. If this target is not breached the monitoring period will be extend with a further target of no more than 2 days sickness absence during the second three month period. This should be confirmed to the employee in writing following the meeting. Guidance on how to conduct this meeting and a template letter can be obtained from HR.

The employee will be given a first written warning that if they fail to achieve this attendance target during the first review period their sickness absence will continue to be monitored in line with Stage 2 of the policy. This warning will remain current on their file for 12 months.

Should the employee breach their sickness target before the end of the six month period (3 months plus a further 3 months) the employee is likely to be moved straight to the next stage of the policy.

If the employee makes the required improvement after six months at Stage 1 of the sickness monitoring process:

The formal process will now stop. The employee’s attendance will continue to be monitored as with all other employees. However if there is a repeated breach of the attendance targets stipulated in paragraph 9 within 12 months of achieving the target set at the first formal meeting at stage 1, the formal procedure will recommence at stage 2 - Second Formal Sickness Meeting.

The employee should be advised of the above in a formal review meeting at the end of the six month review period. Guidance for how to conduct the formal review meeting can be obtained from HR.
If the employee fails to make the required improvement after six months or less at Stage 1 of the sickness monitoring process:

The process will move on to stage 2 of the sickness absence policy, the second formal sickness meeting.

**Stage 2 – Second Formal Sickness Meeting**

Should the target set in the Stage 1 meeting be breached, a second formal sickness meeting should be set up as soon as possible after this breach. In advance of the meeting the employee should be referred to Occupational Health if necessary.

The manager should arrange a second formal sickness advisory meeting with the employee. The employee can be accompanied at this stage of the policy by a Trade Union Representative or a colleague not acting in a legal capacity. The purpose of the meeting is to advise the employee that they have breached their attendance targets, to inform them of the results of the Occupational Health assessment (if a referral has been made) and to discuss how the employee can achieve an acceptable level of attendance.

If the Occupational Health referral reveals there is an underlying health condition causing the short term recurrent absences, adjustments should be considered and discussed in relation to the working environment and target.

At the meeting a further attendance target will be set. Again this target will be no more than 2 days sickness absence during the first three month period. If this target is not breached the monitoring period will be extend with a further target of no more than 2 days sickness absence during the second three month period.

The employee will be given a **final written warning** that if they fail to achieve this attendance target during the review period there will be a further meeting at which their employment may be terminated. **This warning will remain current on their file for 24 months.** Guidance on how to conduct this meeting can be obtained from the HR department.

The issuing of the warning and the contents of the meeting should be confirmed to the employee in writing following the meeting. A template letter can be obtained from the HR department.

Should the employee breach their sickness target before the end of the six month period the employee is likely to be moved straight to the next stage of the policy.

**If the employee makes the required improvement after six months at Stage 2 of the sickness monitoring process:**

A formal review meeting should be arranged in which the employee is advised that the formal process will now stop. The employee’s attendance will continue to be monitored as with all other employees.

However if there is a repeated breach of the attendance targets stipulated in paragraph 9 while the formal written warning remains live, the formal procedure will recommence at stage 2, following further Occupational Health advice if appropriate. A second final written warning will be issued and will remain current on file for 24 months from the date of the meeting.

If an employee should breach the attendance targets stipulated in paragraph 7 and they have already been issued with two formal written warnings, they will move straight to Stage 3 of the sickness absence process.
Guidance for how to conduct the formal review meeting can be obtained from the HR department. The contents of the meeting should be confirmed to the employee in writing following the meeting, a template letter can be obtained from HR.

**If the employee fails to make the required improvement after six months or less at Stage 2 of the sickness monitoring process:**

The process will move on to stage 3 of the sickness absence policy and a formal sickness hearing will be held.

**Stage 3 – Formal Sickness Hearing**

Should the target set in the Stage 2 meeting not be met, the line manager should refer the employee to Occupational Health. The line manager should then refer the matter to the dismissing officer for the employee concerned, who will seek support from the Human Resources Department.

A Stage 3 Formal Hearing should be set up by the dismissing officer as soon as possible after the target breach, to which the affected employee and line manager should be invited.

The dismissing officer will chair the meeting and a representative from Human Resources will support the dismissing officer. The line manager, also supported by a representative from Human Resources, will present a management case detailing:

- The employee’s sickness absence history
- Details of the meetings held with the employee.
- Advice received from Occupational Health.

The employee will be encouraged to be represented in the meeting by a work colleague or an accredited trade union or professional association representative.

If the Occupational Health referral reveals there is an underlying health condition causing the short term recurrent absences then adjustments may need to be considered.

If the dismissing officer concludes that the employee and the process have been managed fairly, that the required level of attendance is fair and achievable and that the employee has been given all reasonable opportunity to improve to an acceptable standard but failed to do so, they will confirm that the employee’s employment has been terminated with the appropriate notice for failure to meet an acceptable level of attendance.

If the dismissing officer concludes that there are exceptional circumstances which mean that sufficient reasonable opportunity has not been given to the employee, they can set a final attendance target. The employee will be given a final written warning that if they fail to meet this target during this third review period the Stage 3 Formal Hearing will be reconvened at which their employment may be terminated. This final written warning will remain live and current on the employees file for 24 months after the date of the hearing.

The main details discussed during the meeting and its outcome will be confirmed in writing to the employee and if applicable their representative.

**If the employee makes the required improvement:**

A formal review meeting should be arranged between the line manager and employee in which the employee is advised that the formal process will now stop.
The employee’s attendance will continue to be monitored as with all other employees.

However if there is a repeated breach of the attendance targets stipulated in paragraph 7 while the final written warning that was issued at the hearing remains live, the formal procedure will recommence at stage 3, following further Occupational Health advice if appropriate.

12 Procedure B: Managing Long Term Sickness Absence

12.1 Managing Long Term Absence

If an employee submits fit-notes declaring them to be unfit for work (or fit for work subject to recommendations that cannot be accommodated) for a period of four weeks or more, they should be referred to Occupational Health. Occupational Health should be asked to advise on:

- The cause of the absence.
- The likely duration of the absence.
- If unknown, a timescale for when the duration of the absence will be known.
- Any support or adjustments that can be made to facilitate an early return to work.
- If there is anything the employee can do to improve their health and facilitate their return to work with support from their GP.

This referral should occur on receipt of the fit-note that covers the employee for a fourth week of absence. The appointment with Occupational Health should be scheduled for the fourth week of absence or as soon as possible after that date.

Managers and employees may also find it useful to refer to the Critical Illness Policy available on the intranet if applicable.

12.2 First Formal Meeting for Management of Long Term Absence

On receipt of this advice from Occupational Health, or on the basis of the advice from the GP, the line manager should write to invite the employee to a formal sickness meeting. If necessary, this meeting can be arranged to take place at the employee’s home.

In this meeting the line manager can be supported by a representative from the Human Resources Department. The employee should be encouraged to be supported by a trade union representative or work colleague.

During the meeting the line manager should agree with the employee the method and frequency with which they are to remain in contact during the period of sickness absence. This should be at least once a month but can be more frequent. It can be in the form of emails, but ideally should be in the form of telephone conversations. The line manager should record the dates, times and contents of these telephone conversations.

During the meeting the line manager should also arrange when the employee will next be met with. This should be no more than two months after the first formal meeting if the employee remains absent from work.
The line manager should discuss the advice received from Occupational Health, the prospect and the timescale for the employee’s return to work with the employee. The following options should also be considered and discussed:

- A return to the employee’s existing post.
- A return to the workplace with reasonable controls or adjustments.
- An application for ill-health retirement.
- Dismissal on health grounds.

The contents of the meeting should be confirmed in writing to the employee within a week of the meeting.

12.3 Planning and Facilitating a Return to Work

Should the outcome of the first formal meeting be that the employee is to return to work a work plan should be agreed as detailed below.

12.4 Return to Work Meeting / Work Plan

Before the employee returns to work, the line manager should meet with them to agree a work plan. This may include dedicated time to catch up on developments that have occurred during their absence, to attend any training they may have missed out on and to re-familiarise themselves with the working environment. It may also include measures to facilitate the return to work such as restricted duties or hours for some or all of the time. The work-plan should cover at least the first week following the employees return to work and may extend up to four weeks. It may also contain goals or objectives that are to be met over the initial return period.

12.5 Consultation - Input from the Employee to the Work Plan

It is important that the employee contributes to the work plan and does not feel under pressure to take on full responsibilities before they are ready. The employee may wish to have a representative with them during the Return to Work Meeting to support them with input to the work plan. The contents of the work plan should be subject to review and the timescales of that review agreed between the line manager and employee. The line manager can also seek advice on the contents of the work plan from the Human Resources Department.

12.6 Development of the Work Plan

Once the employee has returned to work, the agreed plan should be reviewed in accordance with the timescales discussed at the Return to Work meeting. The review should take the form of a meeting between line manager and employee where progress against the work plan is assessed and if necessary further developed. A review can be brought forward if there is any change in the advice received from the employee’s GP or from Occupational Health. Should there be substantial changes in the employee’s circumstances, adjustments or modifications to their workplace may be required.

12.7 Review of the Work Plan

At the end of the timescale covered by the work plan, the line manager should review the effectiveness of the plan with the employee. In exceptional circumstances the work plan may be extended. If any issues have arisen, such as a conflict between the needs of the service and the ability of the employee to
completely fulfil their role, the line manager should make their Departmental Manager and the Human Resources Department aware of such issues. Human Resources should work with Occupational Health and the Departmental Manager to learn from these issues and to adjust future practice so as to avoid them.

12.8 Planning and Undertaking Workplace Controls and Adjustments

Depending on the GP or Occupational Health advice received, one or more of the following options for workplace adjustments may be discussed during the first formal meeting:

12.9 Risk Assessment

A risk assessment can be conducted on the employee’s work place to help identify what measures could be taken to facilitate a return to work following long term sickness or if the employee has a disability. Support with the risk assessment process can be sought from the Health and Safety Advisor and the Human Resources Department.

Risk Assessment in Relation to Disability

The employer has a duty to make reasonable adjustments to its premises and practices to accommodate a disabled person where any arrangements or physical features of the premises cause a substantial disadvantage to them compared to a non-disabled person. Steps must be taken where reasonable to take into account all the circumstances in order to prevent that disadvantage. Examples of reasonable adjustments are as follows:

- Re-allocation of duties.
- Transfer to other work where a vacancy exists.
- Change in working arrangements, place of work.
- Time off for rehabilitation, assessment and treatment.
- Providing or arranging training.
- Acquiring or modifying equipment.
- Adjustments to premises.

Managers must make sure that the disabled employee is included in conversations regarding reasonable adjustments and to ask them what adjustments they think they need. Managers should not however expect disabled people to be experts on the adjustments they need. If the person has been working recently they might have a good idea about what works for them. If, however, the person has a newly acquired disability or hasn't been in work recently they are unlikely to know what is available or possible in the workplace. Remember, advances in technology may mean that adjustments are possible now that were not available only a few years ago. Advice should always be sought from Occupational Health in the first instance when discussing reasonable adjustments. Further advice could also be sought from the Health and Safety Advisor and Human Resources Departments. Individuals will also be able to arrange an Access to Work workplace assessment to get expert advice if required. Access to Work is a government funding scheme for disabled people run by Job Centre Plus. It provides financial assistance towards the extra costs of employing someone with a disability. It is available to unemployed, employed and
self-employed people and can apply to any job, full-time or part-time, permanent or temporary.

Further guidance concerning the application of the Equality Act is available from the Human Resources Department and Occupational Health Services.

12.10 Rehabilitation

Once the employee has returned to work they should be given access to any support that may facilitate their continued attendance. This could include:

- Occupational Health support.
- Counselling.
- Assignation of a mentor or coach.

12.11 Phased Return to Work

It may be appropriate for an employee who is returning to work following a long period of absence to have a phased return to work. A long period of absence is 4 weeks or more. This will be a reduction in hours and/or working patterns for no more than the first four weeks from the date of the employee’s return or as advised by Occupational Health. The work plan should accommodate this.

Individuals will be paid full pay during their 4 week phased return to work. Should longer than 4 weeks be needed for the phased return to work annual leave should be used to supplement the phased return after the fourth week has been completed.

12.12 Redeployment

If the requirements of the employee’s substantive post are such that no reasonable adjustments would make it possible for the employee to return, the employee will be placed on the CCG’s redeployment register. The line manager should ask for advice from Occupational Health on the alternative posts that would be suitable for the employee.

Human Resources will identify vacancies that the employee may be suitable for. This should ideally be the same banding as the employee’s substantial post, but could also be the band below. If the latter is the case, the employee will not be entitled to pay protection.

The employee will have priority status to apply for these posts and providing there are no other candidates with such status, should be offered the post following an informal interview, provided that they can demonstrate that they meet the essential requirements of the post, or could do with a reasonable amount of training. If there are other candidates with priority status, a full selection process will need to be undertaken.

The appointing line manager may wish to offer the employee the new post on a trial basis. This trial should last no more than four weeks. Should the trial be unsuccessful, the appointing line manager should meet with the employee to outline the reasons why. The employee will then return to being on the redeployment register.

An employee will be entitled to be on the redeployment register for the duration of their notice period. Should no alternative employment be found after this time, a formal sickness hearing should be convened where it is possibly that the employee’s contract will be terminated on the ground of capability due to ill health.
12.13 **Ill-Health Retirement**

Where the employee wishes to retire on health grounds, and this is supported by Occupational Health and/or the individual's GP (if they have access to the relevant guidance) managers, with support from the HR Department will assist staff to apply for ill health retirement. Employees, who pay into the NHS Pensions Scheme and have been a member for at least two years, may apply for the benefits of ill health retirement. Applications for ill health are subject to approval by the medical advisors to the Pensions Agency. There is now a two tier ill health retirement system. Further details on ill health retirement are available from the NHS Pensions Agency or the HR Department.

12.14 **Further (second) Formal Meeting for the Management of Long Term Absence**

Should it not be possible to pursue any of the options above after the first formal meeting, a second formal meeting should be arranged for no more than six weeks after the first. The employee should be reviewed by Occupational Health during this time. The employee can be accompanied at this stage of the policy by a Trade Union Representative or a colleague not acting in a legal capacity.

At the second formal meeting the advice from Occupational Health should be discussed, in addition to any guidance from the employee's GP. Again, the options above should be considered and explored. If none can be pursued, a further meeting should be arranged, again for no more than six weeks later.

A final meeting may be held if the employee is unlikely to return within the foreseeable future and during this meeting the employee's contract may be terminated on the grounds of capability. Prior to the meeting Occupational Health should be asked to advise as to the likelihood of the employee being fit to return to work.

If Occupational Health advise that the employee is not likely to return, or if they advise that this is likely but that in fact the employee does not return, a Final Sickness Hearing should be arranged.

12.15 **Final Sickness Meeting for the Management of Long Term Absence**

As soon as it becomes apparent that the employee is not likely to return to work, the line manager should refer the matter to the dismissing officer for the employee concerned, who will seek support from the Human Resources Department.

A decision to terminate employment should be made irrespective of any considerations around application for ill health retirement i.e. it is not necessary to await the outcome of an application before giving the employee notice of termination.

A Final Sickness Hearing should be set up by the dismissing officer as soon as possible, to which the affected employee and line manager should be invited.

The dismissing officer and a representative from Human Resources will chair the meeting. The line manager, also supported by a representative from Human Resources, will present a management case detailing:

- The employee's sickness absence history.
- Details of the meetings held with the employee.
- Advice received from Occupational Health/GP.
- Measures taken to support the employee and facilitate their return to work. The employee will be encouraged to be represented in the meeting by a work colleague or an accredited trade union or professional association representative.

If the dismissing officer concludes that the employee and the process have been managed fairly, that all possible measures for facilitating a return to work have been fully explored and that the employee remains unfit for work, they will terminate the employee’s contract on the grounds of capability due to ill health with appropriate notice at full pay.

If the dismissing officer concludes that there are exceptional circumstances which mean that not all options for a return to work have been fully explored with the employee, they may choose to postpone the hearing until all options have been explored.

The main details discussed during the meeting and its outcome will be confirmed in writing to the employee and if applicable their representative.

12.16 Recurrent Long Term Sickness Absence

If an employee has recurrent long term absences over a period of 12 months or more, due to the same or varying underlying health conditions, then Occupational Health should be asked to advise as to the likelihood of an acceptable level of attendance in future.

Should Occupational Health advise that recurrent long term absences are likely despite any measures that can be taken to facilitate attendance, the employee should be met with and advised of this. The contents of this meeting should be confirmed to the employee in writing. A Final Sickness Hearing should then be arranged in line with section 12.15 above.

If Occupational Health advise a likely return to acceptable attendance levels, but the employee’s attendance does not improve, then again a Final Sickness Hearing should be convened.

13 Maternity Related Absence

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 should continue to be monitored.

14 Industrial Injury / Incident

An industrial injury is an accident or incident that has occurred at or as a result of your work. You must always report an industrial injury and complete an Incident Form if you have been injured at work within 24 hours of the incident/accident. Incident/ Accident Report Forms are available to you within your department.

If you believe your sickness absence is as a result of an injury or incident at work, then you must let your manager or nominated person know. They will advise and help you and will carry out any necessary investigations and take appropriate action to prevent such an incident from occurring again.

Your manager may refer you to Occupational Health for advice.

15 Industrial Injury Benefit
Industrial Injury Benefit is a scheme which provides a guaranteed level of earnings for an individual suffering from an industrial injury which has resulted in a temporary or permanent drop in earnings. Almost all NHS employees are covered by the NHS Industrial Injury Benefit Scheme. Further information on Industrial Injury Benefit can be obtained from the HR Department.

Before a decision is made as to whether an employee qualifies for Industrial Injury Benefit a case conference will be held to discuss the details of the injury and the impact this has had on the individual.

16 Abuse of the Policy

Unless there is a satisfactory reason, if you fail to notify your nominated person of your absence or fail to provide a fit-note you will not be paid for those days of absence and your absence will be recorded as ‘unauthorised’.

Unauthorised absence (without good reason) constitutes a breach of contract. Backdated fit-notes will not be accepted unless in exceptional circumstances.

Unless there are exceptional circumstances, if you abuse this policy or fail to follow these and any local guidelines, your manager will investigate the reasons and where necessary disciplinary action will be taken under the CCG’s Disciplinary Policy and Procedure.

Falsely claiming Occupational Sick Pay or Statutory Sick pay may be considered to be fraudulent activity and investigated by the Local Counter Fraud Service.

17 Right of Appeal

The Management of Sickness Absence Policy and related guidelines are in place to ensure that cases are dealt with in a fair and reasonable way. If you disagree with the outcome at any stage of the procedure or feel you have been unfairly treated you have the right of appeal or to submit a grievance. Further information can be found in the Appeals Policy and the Grievance Policy available on the intranet.

18 Statement of Compliance with the Equality Act 2010

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. The Act prohibits discrimination on the basis of age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion/belief, sex or sexual orientation. It also means that each manager or member of staff involved in implementing the policy must have due regard to the need to: eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity between those who share a protected characteristic and those who do not; and foster good relations between people who share a protected characteristic and those who do not.

If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Document Lead (author) who will then actively respond to the enquiry.

19 Monitoring Compliance and Effectiveness
Sickness absence will be monitored on a monthly basis and where a trigger has been activated the individuals Line Manager will be informed so that appropriate action can be taken. Sickness absence data will be reported via the quarterly workforce report to the Quality and Governance meeting.

20 Counter Fraud
The CCG is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

21 Review of the Policy
This policy will be reviewed every 3 years but can be reviewed at any time if the CCG deems it necessary to do so or a review is requested by the Staff Council.
Appendix A – Example of Notification of Sickness Procedure

This is intended to be an example of a notification of sickness procedure and maybe adjusted locally to suit different services and departments. Employees should make themselves aware of their local reporting procedure and if in doubt should follow the procedure below until clarification is sought from their manager at the earliest opportunity.

When you need to be absent from work due to sickness, your manager needs to be informed as early as possible in order to make arrangements, where appropriate, to cover your work.

Under the provisions of this policy you have an obligation to comply with the notification procedures given below. Unreasonably failing to comply with these procedures may lead to non-payment of Occupational Sick Pay and/or disciplinary action.

Your manager must ensure that you are fully aware of what action to take when you are unable to attend work due to sickness. If you are unclear about this procedure, you should contact your manager immediately.

If you are unfit to attend work due to ill health you must notify your manager (or nominated person) as early as possible on the first day of absence. If your manager is not available at the time you call, you must try to speak to the designated senior member of staff nominated by your manager to receive such calls. Notification should be by telephone and always to a person senior to you. Note: it is not acceptable to leave a message on an answer machine, with a colleague or a junior member of staff nor is it acceptable to give notification by text or e-mail. Notification should also be made in person and not via a representative, friend or relative, where reasonable.

The following timescales will apply:

**Morning shift/day shift** - Employees must notify their manager no later than 30 minutes after the normal shift start time.

**Afternoon/night shift** - Employees must notify their manager no later than two hours before the normal shift start time.

During this initial contact you must provide information on the general nature of your illness and, where possible, some indication of the expected duration of the illness. If you continue to be absent beyond this initial period of time, you are expected to contact your manager again to advise of a new anticipated date when you will be able to return to work.

**CERTIFICATION OF SICKNESS**

All self certificates and fit-notes that may be required must be submitted to your manager in a timely manner.

If you are absent for up to 7 days, you will be required to complete a self-certificate on your return to work. The self certificate form can be located in Appendix C of this policy. If you are absent for over 7 consecutive days (including Saturdays and Sundays) you must submit a fit-note from your doctor. Further fit-notes will be required if your absence continues. Subsequent fit-notes must be submitted at the appropriate time to cover the absence where it extends beyond the period covered.
by the initial fit-note. Please note that if you are absent on certified sick leave, it is our responsibility to ensure that the absence is covered by a current fit-note at all times. Unreasonably failing to submit fit-notes in a timely and regular manner may result in the non-payment of Occupational Sick Pay and/or disciplinary action being taken.

Fit-Note

If you are issued with a fit-note by your GP, you will need to discuss this with your Manager on the first day that you return to work after being issued it. You and your Manager will discuss how best to accommodate the recommendations made by your GP. Should you be issued a fit-note and therefore able to continue carrying out a proportion of your role you will be paid your normal salary, not sick pay.

SICKNESS DURING ANNUAL LEAVE

If an employee is unwell on annual leave, the annual leave will be reimbursed if the sickness procedure has been followed correctly. If you fall sick during a period of annual leave, you must contact your manager on your first day of sickness in accordance with the normal notification of sickness procedure. You must provide your Manager with a GP’s fit-note to cover any period of sickness during annual leave.

If you are unable to take all your annual leave due to extended long term sick leave you may be able to carry over a proportion of your leave and be paid a proportion of your outstanding leave following authorisation from your Line Manager.

Appendix B – Return to Work Pro-Forma

When an employee has been absent through sickness their Manager must conduct a return to work discussion using this form. For guidance on return to work discussions, and other useful information please consult the CCG’s Sickness Absence Policy. This is available on the intranet site under Policies.

| NAME | .................................................. | DEPT/SERVICE | ________________________________ |
| DATE OF MEETING | ........................................................................................................... |
| PERIOD OF ABSENCE | FROM .............................................. TO .................................................. |
| NO OF WORKING HOURS ABSENT FROM WORK DUE TO SICKNESS | ............... |
| NO OF DAYS ABSENCE IN PREVIOUS 12 MONTHS | .................................................. |
| REASON FOR ABSENCE: | Was the Absence Disability Related: YES/NO (see reverse for code/category) |

CERTIFICATION (tick appropriate box):

| Self certificate | GP Fit-note |

Did you see your GP/hospital doctor? YES/NO (please delete as appropriate)

If YES, what have they advised?

Are you fit to carry out all your normal duties? YES/NO
If **NO**, please specify.

___________________________________________________________________

**Are you receiving any ongoing treatment or support?**

___________________________________________________________________

**What support might we be able to provide to help you?**

___________________________________________________________________

**What can we do to avoid further absences?**

___________________________________________________________________

**Please continue on a separate sheet if necessary**

Signed .................................................... (Employee) Date .................................

Signed .................................................... (Manager) Date .................................

**MANAGEMENT ACTION:**

1. Is a referral to Occupational Health appropriate?  YES/NO
   
   If **YES** has it been actioned?  YES/NO

   **If you have any queries please discuss this with HR.**

   **Line Manager and employee need to keep a copy of this form.**

**REASON FOR ABSENCE CODES**

<table>
<thead>
<tr>
<th>CATEGORY</th>
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<tbody>
<tr>
<td><strong>SICKNESS</strong></td>
<td></td>
</tr>
<tr>
<td>S10   Anxiety/stress/depression/other psychiatric illnesses</td>
<td></td>
</tr>
<tr>
<td>S11   Back problems</td>
<td></td>
</tr>
<tr>
<td>S12   Other musculoskeletal problems</td>
<td></td>
</tr>
<tr>
<td>S13   Cold, Cough, Flu - Influenza</td>
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<tr>
<td>S14   Asthma</td>
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<tr>
<td>S15   Chest &amp; respiratory problems</td>
<td></td>
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<tr>
<td>S16   Headache / migraine</td>
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<tr>
<td>S17   Benign and malignant tumours, cancers</td>
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<tr>
<td>S18   Blood disorders</td>
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<tr>
<td>S19   Heart, cardiac &amp; circulatory problems</td>
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<tr>
<td>S20   Burns, poisoning, frostbite, hypothermia</td>
<td></td>
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<tr>
<td>S21   Ear, nose, throat (ENT)</td>
<td></td>
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<tr>
<td>S22   Dental and oral problems</td>
<td></td>
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<tr>
<td>S23   Eye problems</td>
<td></td>
</tr>
<tr>
<td>S24   Endocrine / glandular problems</td>
<td></td>
</tr>
</tbody>
</table>
Appendix C – Sickness Self Certification Form

This form should be completed following one day or more of sickness absence (including part shift if you went home) up to your 7th day of consecutive absence, and should be returned to your manager. If you are absent for more than 1 calendar week a fit-note from your GP be required from your 8th day of consecutive absence (includes weekends).

ABOUT YOU
Surname………………………………………..
Forename…………………………..…………..
Job Title……………………………… ..………
Dept…………………………………… ..………
Which days do you normally work? Mon Tue Wed Thu Fri Sat Sun

ABOUT YOUR SICKNESS
Date sickness absence commenced………………………………………………
Last day of sickness absence…………………………………………………………
Date of return to work……………………………………………………………………
Total number of working hours absent due to sickness…………………………….!
Details of sickness/injury ……………………………………………………………….!
.....................................................................................................................
.....................................................................................................................
Was the absence directly related to a disability? Yes/No

INDUSTRIAL INJURY If injured at work give details of accident.

<p>| | |</p>
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>S25</td>
<td>Gastrointestinal problems</td>
</tr>
<tr>
<td>S26</td>
<td>Genitourinary &amp; gynaecological disorders</td>
</tr>
<tr>
<td>S27</td>
<td>Infectious diseases</td>
</tr>
<tr>
<td>S28</td>
<td>Injury, fracture</td>
</tr>
<tr>
<td>S29</td>
<td>Nervous system disorders</td>
</tr>
<tr>
<td>S30</td>
<td>Pregnancy related disorders</td>
</tr>
<tr>
<td>S31</td>
<td>Skin disorders</td>
</tr>
<tr>
<td>S32</td>
<td>Substance abuse</td>
</tr>
<tr>
<td>S33</td>
<td>Other known causes - not elsewhere classified</td>
</tr>
</tbody>
</table>
Appendix D – How to Carry Out a Return to Work Meeting

Purpose:

- To welcome the employee back to work.
- To ensure the employee is fully fit to return to work.
- To identify the reason for the absence and confirm the length of absence.
- To identify and address any problem (work-related or otherwise) that may be causing or contributing to the absence.
- To discuss and/or identify any adjustments to the workplace/hours/duties that may reduce/eliminate absences.
- To agree the priorities for the post absence period and to up-date the employee.

The meeting must be held in private and must be handled in a sensitive, professional and competent manner.

Preparation:

- Ensure you have the right information available.
- Check records for both current and previous absences.
- Be prepared to discuss any trends or patterns of absence.
- Remember THIS IS NOT A DISCIPLINARY HEARING - you are trying to establish facts.
Approach the meeting with an open mind and no prejudgments.

**Discussion:**
- The core of this process is to discuss the absence.
- Try to determine the cause of the absence.
- Listen to what is being said.
- Is the cause work related?
- Was the absence directly linked to a disability?
- Could adjustments to the workplace/hours/duties reduce/eliminate absences?
- Are there any other problems contributing to the absence?
- Place current absence in the context of previous absences.
- Be sensitive to employee’s feelings where personal problems and illnesses are involved.
- Establish if an occupational health referral would be beneficial.
- Where there is conflicting evidence/statements, ask for an explanation.
- Discuss the effect of the absence on the employee’s work colleagues.
- If appropriate inform the employee that frequent intermittent absence may trigger the formal sickness procedure.

**Appendix E – Dealing with Critical Illness Guidelines**

**Introduction**

Each year a significant number of people of working age are diagnosed with cancer or a life threatening illness. Each year, as treatments improve, more and more people survive a threatening illness and learn to live with it as a chronic illness (e.g. diabetes, COPD etc) rather than a terminal illness, with the support of their family, friends and work colleagues.

A recent survey indicated the need for advice and guidance on how to deal with cancer and critical illness in the workplace. Being diagnosed with cancer or a chronic illness can be one of the most difficult situations that anyone has to face. It can cause great fear and worry, and can affect every aspect of a person’s life, including their ability to work. These guidelines have been developed to provide information and guidance when a member of staff is diagnosed with a life threatening illness and the support that the CCG can provide.

The way an organisation responds to the needs of employees affected by cancer or other life threatening illnesses will have a huge impact, both on employee’s morale and how attractive an organisation appears to potential employees. These guidelines apply to all employees (full-time and part-time).

The CCG has a responsibility to support employees affected by life threatening illnesses and will be as flexible as possible in its approach, bearing in mind each individual’s personal circumstances and the needs of the business.
Principles

These guidelines are designed to positively support employees who are critically ill and also covers the CCG’s approach to employees who have a family member (parent, spouse, partner, child or sibling) diagnosed with a life threatening illness and/or who become carers for that member of the family.

The CCG will do all it can to support the employee. These guidelines are based on the following principles, which will inform a framework for all concerned.

The guidance should be applied in accordance with existing employment legislation. The Equality Act 2010 (which supersedes the Disability Discrimination Acts 1995 and 2005) makes it unlawful for an employer to discriminate against employees who have a disability.

The Equality Act (2010) requires that employees affected by cancer or a long term illness should have reasonable work performance targets and adjustments made to reflect their illness and their eligibility for and participation in incentive schemes should not be discriminatory.

The Equality Act 2010 states that a disabled person is someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day to day duties. The definition of Disability under the Act is very broad and many ill-health problems may fall under this category.

Managers have an obligation to explore options for making reasonable adjustments to the working environment to assist employees to remain or return to work if appropriate.

Employers should also be aware that physical and emotional side effects from cancer and treatment can last for some time (weeks and, for some people years) beyond the end of treatment. They should also be aware that the end of treatment is often an extremely emotionally stressful period for employees who choose to return to work at this time.

Respect the Employee’s Dignity and Privacy

The CCG should respect the privacy of any employee affected directly or indirectly, via close family or friends. No sensitive information of any kind should therefore be shared with anyone without the employee giving prior consent.

Maintain the Employee’s Involvement and Engagement

The line manager should make every effort to maintain communication with the employee during any absence from work, and reassure the employee that, if the individual is able to return to work, following diagnosis and treatment, they have continuous employment in the same post or in a suitable alternative position.

Ensure the Employee Suffers no Financial Detriment

To the best of its ability the CCG should ensure that an individual’s salary and benefits are maintained in line with the sickness absence policy and entitlements under their contract of employment.

Adopt a Flexible Approach

Managers should work with the individual to structure the employee’s work schedule and workload in a supportive way to provide the employee with maximum flexibility to
manage their medical treatment and related needs, while maintaining effectiveness and efficiency at work. An Occupational Health referral can be made should advice be required on specific adjustments.

**Continue to Provide Access to Development Opportunities**

The employee should continue to have access to appropriate professional development opportunities subject to their availability to attend.

**Support the Team Affected by the Employee's Situation**

Managers should remain sensitive to the impact on co-workers and provide practical support where necessary.

**Telling your Line Manager and HR**

Once you have a clear diagnosis and an idea of the impact it will have on your work, you should advise your line manager. If you feel unable to discuss this with your line manager, you can speak to the HR Team.

Although this may not be easy for you, it is difficult for your manager and the CCG to support you if they are unaware of your circumstances. Practically, it may also be difficult for you to attend treatment, take time off to meet your own health needs or ensure that you work is covered in your absence so that you do not come back to a high workload if your manager is unaware of the situation.

As with all such meetings you are entitled to have a Trade Union representative with you or work colleague during these discussions with your line manager or HR, if you wish to.

During this meeting your line manager or member of the HR Team will discuss with you:

- Your need to take time off to come to terms with the immediate diagnosis.
- The likely impact of treatment on your work and whether you would like colleagues to be told about this.
- How Occupational Health can support you during your treatment and permission may be sought to contact your GP about your illness and recommendations for returning to work and time off.
- Sick leave and sick pay entitlements.
- Counselling and any other relevant services.
- Flexible working and work adjustments if appropriate.

In some circumstances an individual may not know how ill they are until they have begun treatment, or had some form of surgical investigation. There may be a need to take time off at very short notice and this will be discussed on an individual basis.

**Telling your Colleagues**

The CCG respects its employees' wishes for privacy and confidentiality concerning personal circumstances. HR and your line manager will agree with you from the outset what information (if anything) to tell your colleagues at work, whether verbally or written.
Counselling and Support

All employees have access to a counselling service which is free of charge. This service is strictly confidential and there is no individual feedback to the CCG. The contact number for the counselling service is 0117 9002399 or you can email direct to counselling@swcsu.nhs.uk

Employees may be entitled to other financial support through other statutory benefits. There are also a number of organisations which can provide support to an employee. For employees with Cancer Macmillan may be able to provide further support and advice. The Macmillan website can be viewed at www.macmillan.org.uk/Home.aspx

Working During Treatment

Depending on your illness, you may wish to carry on working during your treatment, either full-time or part-time. It may be difficult to know exactly how the treatment may affect you, but it is helpful to let your manager know so that they are aware that you may wish to change your work plans at short notice.

If working at home is a viable option to be considered, whether on a full-time or part-time basis, you should discuss this with your line manager and HR. This will be agreed on the basis that appropriate resources can be put in place to support this such as technological support.

Other options that can be considered will include:

- Planning a reduced or more flexible schedule, for example changing your hours so that you can travel to and from work at less busy times.
- Arranging for you to undertake ‘light duties’ for a period of time where possible.
- Asking colleagues to be supportive and help you with some of your work on a temporary basis where possible.
- Arranging for you to take short breaks during the working day.
- If you are unable to work but wish to keep in touch, making arrangements for this to happen through regular contact with your line manager and agreeing how frequent you would like that contact to be.

Time off for Treatment

If you decide to return to work either during or after treatment your manager will be responsible for ensuring that appropriate arrangements are in place to enable you to attend appointments for treatment during work time. As much notice of this should be given to your line manager as possible in order that appropriate cover arrangements can be made.

Extended Period of Absence

If you need to take an extended period of absence, this time will be treated as sickness absence. This absence may be in a block of time, or several days over a month or a period of time.

Returning to Work (After Treatment)
After your treatment has finished, and if you have not been working during this period, you will need to make a decision as to whether you wish to return to work and if so, whether this will be on a full-time or part-time basis. This will be dependent on your personal circumstances.

Returning to work after a long period of absence can be physically and emotionally stressful. A referral to Occupational Health will be made to gain advice on an appropriate return to work programme. A return to work meeting will be arranged with your line manager and HR to discuss the transition back to work.

Employees should make reasonable adjustments to workplaces and working practices to make sure that people with a disability are not at a substantially disadvantage compared with other people.

What is considered “reasonable adjustment” will depend on many different things, including:

- The cost of making the adjustment.
- The amount of benefit for the employee.
- The practicality of making the adjustment.
- Whether making the adjustment will affect the employer's business, service or financial situation.

Reasonable adjustments by the employer might include any of the following:

- Phased return and an agreed timetable and regular review of work plan.
- A change to working hours or reduced hours.
- Partial homeworking.
- Telephone conference to reduce travel.
- Assistance from Access to Work who can provide help with transport to and from work and other support mechanisms.
- Refresher courses.

This is not an exhaustive list but provides some guidance to line managers.

**Family and Paternal Leave**

Please refer to the CCG’s Work Life Balance Policy which outlines details of appropriate leave that can be made available to you in the event of a dependant (parent, spouse, partner, children) becoming critically ill.
Appendix F – Managing Short Term Sickness Flow Charts

For full information please see section 11.

Informal Sickness Process

Employee has 3 Episodes of Sickness within six months

Manager to hold informal sickness meeting with employee. Discuss reasons for absences and identify any support that can be offered.

Set attendance target of no more than 2 days sickness during the next 3 months.

Attendance Target Met?

Yes

Employee is removed from the informal stage of the policy.

No

Stage 1 – First Formal Sickness Meeting. *NB– Manager to discuss with employee, whether a referral to Occupational Health is required.

Should employee’s sickness absence give cause for concern (3 episodes in 6 months) during the following six months move to Stage 1 – First Formal Sickness Meeting
Stage 1 – First Formal Sickness Meeting

Employee’s line manager is to arrange a formal sickness meeting, discussing the results of any Occupational Health referrals. Employee has the right to be accompanied.

A written warning and contents of meeting is confirmed in writing to the employee. The warning is to remain current on file for 12 months.

N.B Should Occupational Health deem the employee’s sickness absences to be the result of underlying health conditions, the line manager should seek further advice on what attendance target can be set and what adjustments to working conditions can be made.

During the first formal meeting, an attendance target is to be set at no more than 2 days sickness absence during the following 3 months.

Employee Breaches First Target?

YES

Stage Two – Second Formal Sickness Meeting

NO

A further 3 month monitoring period is set with a target of no more than 2 days absence during the following 3 months.

Employee Breaches Second Target?

NO

After the 2, 3 month monitoring periods, a formal review meeting will be held. The employee will be advised that the formal process will cease. If employee has further absence that gives cause for concerns in the 12 months of being removed from stage 1 of the policy they will move to Stage Two – Second Formal Sickness meeting.
Stage 2 – Second Formal Sickness Meeting

To be arranged as soon as possible after the breach in the attendance target set at Stage One. Employee is to be referred to Occupational Health if necessary. Should Occupational Health deem an underlying condition is causing the absences, adjustments should be considered and discussed. Employee has the right to be accompanied.

**Final written warning** - if employee fails to meet the attendance target during the review period a further meeting will be held at which the employee's contract may be terminated. This will remain live on their file for 24 months.

**Attendance target will be set** – no more than two days absence within three months from the date of the meeting.

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**Employee Breaches Target?**

- **YES**
  - **Stage Three – Formal Sickness Hearing**

- **NO**
  - **A further 3 month monitoring period is set** with a target of no more than 2 days absence during the following 3 months.

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If there is a repeated breach of the attendance targets while the formal written warning remains live, process will recommence at **Stage Two**. A second final written warning will be issued. Should an employee have already been issued with two written warnings – move to **Stage Three – Formal Sickness Hearing**.

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**Employee Breaches Target?**

- **NO**
  - **Formal review meeting** is arranged at which the employee is advised the formal process will now stop.
Stage 3 – Formal Sickness Hearing

Manager refers employee to Occupational Health, and refers the matter to the employee’s dismissing officer.

Dismissing Officer chairs the hearing supported by an HR rep. Line manager prepares a management case, supported by an HR rep. Employee is encouraged to be supported by Colleague or Trade Union Rep.

Occupational Health reveals underlying health conditions?

Yes

Dismissing officer concludes that the process and the employee have been managed fairly. The employment contract could be terminated.

No

If there are exceptional circumstances, a final attendance target can be met. A final written warning will be issued which will remain live for 24 months. If employee makes the required improvement a review meeting should be arranged and the formal process will stop. If there is a repeated breach while the final written warning remains live recommence, from stage 3.
Appendix G – Managing Long Term Sickness Flow Charts

For full information please see section 12.

Employee submits fit-notes declaring them unfit to work (or fit to work subject recommendations that cannot be accommodated for four weeks or more).

First Formal Meeting - Line manager refers employee to Occupational Health (OH) who should schedule a meeting with the employee for the fourth week of absence. OH should advise the line manager on the cause of absence, the likely duration of absence and any support that can facilitate a return to work. Line manager should discuss the following options at the meeting with the employee (the employee has the right to be accompanied):

- A return to the employees existing post,
- A return to the workplace with reasonable controls and adjustments
- An application for ill health retirement
- Dismissal on health grounds

Employee is to return to work within employees existing post

Work Plan - Before the employee returns to work, a work plan must be agreed upon. This should cover at the least the first week following the return to work.

Development of Work Plan – The agreed plan should be reviewed in accordance with timescales discussed at the Return to Work meeting. Adjustments or modifications can be made to the work plan should they be required

Review of Work Plan – At the end of the timescale covered by the work plan, the line manager should review its effectiveness with the employee. In exceptional circumstances the work plan may be extended.
A Return to the Workplace with Reasonable Controls and Adjustments

**Risk Assessment in Relation to Disability** – This can be conducted on the employee’s workplace to help identify what measures can be taken to facilitate a return to work following long term sickness or disability. Examples of reasonable adjustments are:

- Employee Does Not Wish to Return to Work
- Ill Health Retirement – Where the employee wishes to retire on health grounds, and is supported by OH and/or the individual’s GP. HR will assist staff to apply for ill health retirement.

**Rehabilitation** – Once employee has returned to work, they should be given access to any support that may facilitate their continued attendance. This could include:
- OH Support
- Counselling
- Assignment of mentor or coach

**Phased Return to Work** – Following a long period of absence, 4 weeks or more, a phased return to work may be appropriate. This will be a reduction in hours and/or working patterns for no more than the first four weeks from the date of employee’s return to work.

**Redeployment** – If no reasonable adjustments would make it possible for the employee to return the employee will be placed on the CCG’s redeployment register. HR will then identify suitable vacancies. Employee will be given priority status when applying for these posts. Should no alternative employment be found for the duration of the employee’s notice period – Formal Sickness Hearing.

If the employee is absent during the rehabilitation, phased return to work or the redeployment process the situation will be dealt with on a case by case basis.

Should it not be possible to pursue any of the above options after the first formal meeting – Further Formal Meeting for Management of Long Term Absence.
Further Formal Meeting

**Further (second) Formal Meeting** – The Second formal meeting should be arranged for no more than six weeks after the first. OH should review the employee during this time. Advice from OH should be discussed alongside guidance from the employee’s GP. The options discussed at the first formal meeting should be reviewed. If none can be pursued, a further meeting should be arranged for no more than six weeks later. The employee has the right to be accompanied.

OH to advise whether as to the likelihood of the employee being fit enough to return within the foreseeable future - Move to **Final Sickness Hearing**

**Final Sickness Hearing** – Once it is clear the employee is unlikely to return to work the line manager should refer the matter to the dismissing officer.

Dismissing Officer seeks advice from HR. NB - It is not necessary to await the outcome of an application for ill health retirement before giving the employee notice of termination.

Dismissing Officer Concludes The Employee Has Been Managed Fairly?

- **YES** – Employees contract could be terminated on the grounds of capability due to ill health.
- **NO** – Should the Dismissing Officer conclude there are exceptional circumstances, which means that not all options for a return to work have been explored, they may choose to postpone the hearing until this has taken place.