



# MANAGING SICKNESS ABSENCE POLICY

Policy reference – HR09

SUMMARY	This policy outlines the organisations approach to managing sickness absence
AUTHOR	Human Resources
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EFFECTIVE DATE	17 <sup>th</sup> July 2017
APPLIES TO	Single shared management policy revised, amended and applicable to all NHS Airedale, Wharfedale and Craven, Bradford City and Districts CCGs employees
APPROVAL BODY	Senior Management Team of the CCG
RELATED DOCUMENTS	Stress Guidance NHS Protect – Guidance for prevention, detection and investigation of fraud Working Time Regulations Policy Disciplinary Policy Grievance Policy Annual and Special Leave Policy Alcohol, Drugs Misuse and Substance Misuse Policy Acceptable Standards of Behaviour Policy
REVIEW DATE	July 2020

## CCGs working together

Airedale, Wharfedale and Craven CCG  
Bradford City CCG  
Bradford Districts CCG

**THIS POLICY HAS BEEN SUBJECT TO AN INITIAL EQUALITY  
IMPACT ASSESSMENT**

**VERSION CONTROL SHEET**

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Status</b>	<b>Comment</b>
Draft	October 2013	Alison Ewart	HR Lead	Withdrawn at SP in October 2013 for CHC comments to be inserted
Draft	April 2014	Alison Ewart	HR Lead	Consultation with Trade Unions via the Collaborative Social Partnership Forum
Final	23.05.2014	Alison Ewart	HR Lead	Ratified
Final	June 2014	Alison Ewart	HR Lead	SMT
Revised	04.08.2015	Tazeem Hanif	HR Lead	Amendments made to the policy and taken to the West Yorkshire HR Policy Sub Group on 04.08.2015 to consult on changes.
Final	02.12.2015	Tazeem Hanif	HR Lead	Ratified at the Social Partnership Forum
Draft	28.06.2017	Tazeem Hanif	HR Lead	AWC CCG and Bradford City and Districts policies merged to reflect single shared management arrangements.  Change in logo, front sheet, 12.9.1, 14.4, 24, Appendix 2, 3 and 4  Amended policy consulted with Trade Unions at the HR Policy Workshop and comments incorporated.
Final	17.07.2017	Tazeem Hanif	HR Lead	Ratified at SMT

## CONTENTS

<b>Section</b>	<b>Page</b>
1. Purpose	4
2. Scope	4
3. Equality Statement	4
4. Accountability	4
5. Implementation and Monitoring	5
6. Responsibilities	5
7. Scheme of Delegation	6
8. Principles	6
9. General Points	7
10. Reporting Absence	8
11. Evidence of Incapacity For Work	9
12. Employee Occupational Sick Pay Entitlements	10
13. Sickness During Annual Leave	12
14. Return to Work Meetings	12
15. Short Term Absence	13
16. Long Term Absence	14
17. Ongoing Medical Conditions	14
18. Occupational Health Services	14
19. Disability Related Absence and Reasonable Adjustments	16
20. Substance Misuse	16
21. Returning to Work	16
22. Ill Health Retirement	17
23. Dismissal on the Grounds of Capability	17
24. Consultation, Approval and Ratification	17
 <b>Appendices</b>	
Appendix 1 - Stages of the process in managing short term sickness absence	19
Appendix 2 - Return to Work Form	20
Appendix 3 - Phased Return Wok Plan	22
Appendix 4 - Good Practice Guidance	25
Appendix 5 - Equality Impact Assessment	23

## 1. PURPOSE

- 1.1 The Organisation recognises the importance of balancing the health needs of employees against the needs of the organisation, and is committed to providing excellent working conditions and appropriate support to achieve that balance.
- 1.2 Encouraging employees to attend work, and supporting them back into the workplace is known to maintain employee health and wellbeing, and improve organisational effectiveness.
- 1.3 The overall purpose of the policy is to set out the Organisation's approach to the management of sickness absence within the workplace. Reasonable adjustments will be considered and implemented for employees with a disability so they are not disadvantaged by this procedure. This document also sets out guidance to employees and managers about their responsibilities in relation to Sickness Absence Management.
- 1.4 The aim of this policy is to encourage communication between the employee and their manager as an aid to identifying the levels of support available for the employee from within the organisation. The organisation will operate a fair and consistent approach when managing attendance issues, whilst acknowledging the importance of the consideration of individual circumstances where appropriate.

This procedure should be read in conjunction with the Sickness Absence section contained within Agenda For Change terms and conditions.

## 2. SCOPE

- 2.1 This procedure will apply to all employees.
- 2.2 Definitions

Persistent Short Term Absence	Short term sickness is identified as a series of absences, often unconnected, which results in persistent short term absences from the workplace.
Long Term Absence	Absences that are at least 28 calendar days

## 3. EQUALITY STATEMENT

- 3.1 In applying this policy, the organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation. A single Equality Impact Assessment is used for all policies and procedures.

## 4. ACCOUNTABILITY

- 4.1 The Chief Officer is accountable for this policy.

## **5. IMPLEMENTATION AND MONITORING**

- 5.1 The Senior Management Team is responsible for formal approval and monitoring compliance with this policy. Following ratification the policy will be disseminated to staff via the intranet.
- 5.2 The policy and procedure will be reviewed periodically by the Senior Management Team in conjunction with Human Resource and Trade Union representatives where applicable. Where review is necessary due to legislative change, this will happen sooner.

## **6 RESPONSIBILITIES**

- 6.1 Good working relations are vital for the organisation to operate successfully and provide services. There is a joint responsibility for management, trade unions and employees to accept the responsibility of working together on issues in good faith and with the shared intention of facilitating good working relations.

### **6.2 Employees**

- 6.2.1 It is the responsibility of employees to ensure that they:
- Ensure regular attendance at work.
  - Report absences promptly to their line manager, or 'nominated deputy' – usually on the morning of the first day of absence.
  - Communicate appropriately with their manager when absent from work.
  - Co-operate fully in the use of these procedures.
  - Attend an appointment with a medical practitioner nominated by the organisation, where appropriate.
  - Comply with sick pay scheme.
  - Attend review meetings, and return to work meetings with appropriate manager when discussing periods of absence or planning return to work, reasonable adjustments or alternative employment.

### **6.3 Line Managers**

- 6.3.1 It is the responsibility of line managers to ensure that they:
- Are familiar with this policy and their obligations in relation to the management of the policy. That all staff are aware of the Managing Sickness Absence policy and the local arrangements for reporting sickness absence.
  - Communicate appropriately with absent employees.
  - Deal with any actions in a timely manner, balancing the needs of the individual with those of the organisation.
  - Maintain and retain accurate records of all absences in line with the data protection act.
  - Conduct effective return to work meetings after each individual episode of sickness (form found in appendix 2). A copy must be kept locally by the line manager and a copy sent to HR for the personal file.
  - Maintain appropriate levels of confidentiality at all times.
  - Make Occupational Health referrals as appropriate.
  - Attend any training provided on policy updates, and/or legislation.
  - Identify a 'nominated deputy' for staff to report sickness absence to during periods of annual leave/out of the office/non-working time and communicate this to staff.

### **6.4 Human Resources Team**

- 6.4.1 The Human Resource representative will provide advice and support on all aspects of this policy to ensure application and support.

## 7. SCHEME OF DELEGATION

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

Informal procedure	Line Manager or equivalent level manager from elsewhere within the organisation
Formal procedure: First Stage Formal Meeting Second Stage Formal Meeting	Line manager or equivalent level manager from elsewhere within the organisation.  nb: It is reasonable that the same manager conduct first, second and third stage of this process
Formal Procedure: Final Review Meeting	Chaired by an appropriate member of the Senior Management Team or equivalent plus one other manager and a HR representative
Appeal against dismissal	Chaired by the Chief Officer or Chief Finance Officer plus one other member of the Senior Management Team and a HR representative

## 8. PRINCIPLES

### 8.1 Definitions

Persistent Short Term Absence	Short term sickness is identified as a series of absences, often unconnected, which results in persistent short term absences from the workplace.
Long Term Absence	Absences that are at least 28 calendar days

- 8.2 This procedure enables managers to address sickness absence issues, both short and long-term, in a fair, consistent and equitable manner. It is recognised however that all cases must be dealt with on an individual basis because of differing circumstances therefore this procedure gives an outline of the principles to be observed.
- 8.3 It should be noted that all other types of absence should be dealt with in accordance with the appropriate policy, e.g. maternity, adoption, employment break, etc. Line managers should consider, and take due account of, individual circumstances and all relevant factors before action is taken e.g. maternity related absence, stress, disability related absence, work related factors.
- 8.4 Should an employee be absent from work due to pregnancy related sickness, these absences will not be counted towards absence triggers. However should continue to be monitored. Sickness absence triggers may also be adjusted for employees with a disability.
- 8.5 Confidentiality will be maintained in all aspects of absence management and records will be kept in line with the Data Protection Act.

- 8.6 Guidance and support will be provided to line managers who implement and apply policies and procedures relating to absence. All new employees will be made aware of this policy during their induction.
- 8.7 The Organisation recognises that, on occasion, anyone may become unwell or subject to emergencies, however regular attendance at work is a contractual requirement.
- 8.8 The appropriateness of referral to the Organisation's Occupational Health Provider will be discussed between the individual, their line manager and a HR representative. A referral will be made in all cases of long term sickness absence, and where short term absences gives rise for concern a referral should also be considered.
- 8.9 It is acknowledged that on occasion people may be away from work on a long-term basis as a result of chronic or acute ill health. Although each case will be dealt with on an individual basis this policy outlines certain principles that will always be observed.
- 8.10 In dealing with any sickness absence cases, managers must be mindful of obligations that they and the Organisation may have under the Equality Act 2010. In identifying whether or not an employee is covered by the Act advice will be sought from appropriate medical professionals.
- 8.11 Advice should be taken from Human Resources at all formal stages of this procedure to ensure the consistent application of this procedure throughout the Organisation.
- 8.12 Employees may be accompanied by a trade union representative or work colleague in all discussions with management about their absence.

## **9. GENERAL POINTS**

- 9.1 If an employee knowingly gives any false information, or makes false statements about their sickness, it may be treated as misconduct and may result in disciplinary action being taken. In proven cases of gross misconduct it could lead to dismissal (an example of this may include: absent on sick leave and working elsewhere).

Whilst absent due to sickness all employees must not undertake any other employment (including paid, voluntary or self-employed) during the period of sickness unless this has been approved by the employee's line manager, or Human Resources (under the Working Time Regulations Policy for secondary employment). Working elsewhere whilst on sick leave without the permission of the employee's line manager or HR may result in disciplinary and/or criminal investigation.

- 9.2 Any employee who unreasonably fails to comply with the Organisation's Sickness Absence policy and procedure may have their occupational sick pay withheld. Any decision to withhold sick pay must be made in conjunction with advice from the HR representative. Advice may also be sought from the Organisations Occupational Health Provider.
- 9.3 The Organisation has the right to dismiss employees whilst they are receiving sick pay entitlement. Any decision to dismiss on capability grounds will be subject to medical advice after exhausting a formal procedure.

9.4 The Organisation reserves the right to request a Doctor's Certificate for periods of absence of less than seven calendar days in cases of short-term persistent absence. However this should normally follow an Occupational Health referral where there is no medical reason for continued short-term persistent absence. Furthermore, this option should only be used for a finite period and should be reviewed on a regular basis. Finally, should the employee incur a cost in obtaining a Doctor's certificate, then this will be reimbursed by the Organisation.

## **10. REPORTING ABSENCE**

10.1 All employees must contact their line manager or designated deputy on the first day of absence as soon as is reasonably practicable or within one hour of their normal starting time. The employee must make this telephone call. The only exception is where it is clearly not possible for employees to ring personally, such as admission to Hospital.

10.2 Employees must talk directly to their line manager. Alternative methods of communications such as text messages, e-mail or leaving messages with anybody else are not considered appropriate, unless there are exceptional circumstances. If the line manager is unavailable, then the employee should contact an alternative nominated manager. Alternative methods of communication can be agreed between the line manager and employee where the employee has a disability impacting on their ability to call.

10.3 If an employee does not have a telephone at home alternative arrangements for reporting sickness must be made.

10.4 When reporting absence employees must give the following information:

- The expected length of absence (if known);
- The reason for the absence (if known);
- If the date is not known for returning to work, the employee is required to ring in each day unless advised otherwise by the Line Manager.
- Confirm your contact details in the event of the line manager or HR contacting you. Whether a visit will be made to their GP, and if so, the date of the appointment.

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

10.5 In cases of continued absence, employees and line managers should agree appropriate levels, and methods of communication. As a minimum the employee must contact their line manager again on the fourth day of absence to provide them with up to date information. Should the absence continue then the employee and the manager must decide upon the frequency of further/continued contact and the form that this will take. It is not sufficient to provide medical certificates as a means of maintaining contact.

10.6 It should be noted that failure to maintain contact as per the agreement with the line manager, may result in the payment of occupational sick pay being delayed or withheld. Any decision to take disciplinary action or to withhold or delay payment of occupational sick pay must be made in conjunction with a HR Representative.

## **11. EVIDENCE OF INCAPACITY FOR WORK**

- 11.1 For absences lasting seven calendar days or less, on the first day back at work, employees will be required to complete a Sickness Self-Certificate. This should include the reason for absence. The certificate will be countersigned by a manager and subsequently will be kept in a confidential file and a copy passed to HR.
- 11.2 If an absence exceeds seven calendar days a doctor's medical certificate must be submitted to the line manager, no later than the tenth day of absence, covering the absence from the eighth day. The copy medical certificate is normally retained by the line manager (and original passed to HR for the personal file) and the absence recorded on the Electronic Staff Record (ESR) system by the line manager or a designated person to input sickness information.
- 11.3 If an absence continues beyond the period covered by the initial medical certificate, further medical certificates must be submitted to give continuous cover for the period of absence. On eventual return to work employees must complete the Organisation's Sickness Self-Certificate in respect of the first seven days or less not covered by a doctor's medical certificate.
- 11.4 Failure to submit consecutive medical certificates in a timely manner may be considered in breach of the Sickness Absence Management policy and may invoke the Disciplinary Procedure.
- 11.5 If the doctor's medical certificate does not specify the period of absence covered, it will be taken as covering a period of seven calendar days only.
- 11.6 For reporting purposes, reports will show long-term absence as at least 28 calendar days.

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

- 11.7.1 The statement of fitness to work, known as the 'fit note' was introduced in April 2010. It allows a doctor/GP to advise whether an employee is either:
- Not fit to work
  - May be fit to work
- 11.7.2 If the doctor/GP suggests that they 'May be fit to work' there are now a number of options open which may help to get the employee back to work:
- Phased return to work
  - Amended duties
  - Altered hours
  - Workplace adaptations

Any such recommendations should be discussed and agreed with the individual and line manager prior to commencement of work at a return to work interview.

### **11.8 Fit for Work**

In 2015, the Fit for Work Scheme was launched by the Government in conjunction with ACAS to help organisations in managing sickness absence within the workplace. This service although not mandatory for the CCG to implement; does however provide the following access:

- **Free health and work advice** through a website and telephone line to help with absence prevention.
- **Free referral for an occupational health assessment** for employees who have reached, or whose GP expects them to reach, four weeks of sickness absence. Employees will normally be referred by their GP.

For further guidance on eligibility and information, can be found at [www.fitforwork.org](http://www.fitforwork.org) or contact number 0800 032 6235.

## 12. EMPLOYEE OCCUPATIONAL SICK PAY ENTITLEMENTS

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

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

- 12.2 The period during which sick pay is paid and the rate of sick pay for any period of absence is calculated by deducting from the employee's entitlement, on the first day of absence, the aggregate periods of paid sickness during the 12 months immediately proceeding that day. For monitoring purposes a rolling 12 month period will be used.
- 12.3 Sick pay is based on basic pay only.
- 12.4 Full pay is inclusive of any statutory benefits. Half pay plus statutory sick pay will not exceed full pay.
- 12.5 For the purpose of calculating entitlement to sick pay, a previous period or periods of NHS service will be counted towards the employee's entitlement to sick leave with pay where there has been a break, or breaks, in service of 12 months or less.
- 12.6 In the event of employment coming to an end, entitlement to sick pay ceases from the last day of employment.
- 12.7 Time off to receive cosmetic surgery treatment that relates to a medical or psychological condition and is supported by a medical certificate may be treated as sick leave. Time off for cosmetic surgery which is not medically supported by a GP should be taken as annual leave. In the event that such treatments results in an employee becoming unfit for work, the usual sickness absence provisions apply, including procedures for certification. If the manager or employee is concerned on this issue they should seek advice from HR.
- 12.8 All staff will be notified by their line manager or HR, when they move from full pay to half pay and from half pay to no pay.

## **12.8 Occupational Sick Pay Conditions**

12.8.1 The conditions for sick pay are financial provisions indicating an entitlement to occupational sick pay and in no way indicate the amount of absence to which an employee is entitled.

12.8.2 If sick pay entitlement is exhausted before a Final Review Meeting takes place, and where the failure to undertake the Final Review is due to delay by the manager, sick pay will be reinstated at half pay as follows:

- Employees with more than 5 years reckonable service – sick pay will be reinstated if the entitlement is exhausted before the Final Review meeting takes place.
- Employees with less than 5 years reckonable service – sick pay will be reinstated if the entitlement is exhausted and the Final Review meeting does not take place within 12 months of the start of their sickness absence.

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

12.8.4 The period of full or half sick pay may be extended:

- where there is the expectation of a return to work in the short term and an extension would materially support a return and/or assist recovery. Particular consideration will be given to those staff without full sick pay entitlements.
- where it is considered that individual circumstances mean that an extension will relieve anxiety and/or assist recovery.

12.8.5 When an extension to sick pay is being considered for any reason this must first be discussed with a HR Representative.

12.8.6 Sick pay is not normally payable for an absence caused by an accident due to active participation in sport as a profession, or where contributable negligence is proved.

12.8.7 An employee who is absent as a result of an accident is not entitled to sick pay if damages are received from a third party. Under these circumstances the employee will be advanced a sum not exceeding the amount of sick pay payable under this scheme providing the employee repays the full amount of sickness allowance when damages are received. Once received, the absence will not be taken into account for the purposes of the scale set out in 12.1.

## **12.9 NHS Injury Allowance**

12.9.1 Employees on sick leave, and receiving either reduced pay or no pay; as a result of an injury or illness that is wholly or mainly attributable to their NHS employment will be eligible to apply for Injury Allowance. Applications should be made by the employee to their line manager who will make the decision on whether payment should be made, in conjunction with a HR representative. Further guidance may be sought from OHS, NHS Pensions or NHS Business Services Authority (NHSBSA) co-ordinate the management of the NHS Injury Benefits Scheme.

12.9.2 Employees do not need to be members of the NHS Pension Scheme to apply for Injury Allowance. Injury Allowance will stop when the individual returns to work or leaves their employment.

### **13. SICKNESS DURING ANNUAL LEAVE**

- 13.1 If an employee falls sick during a period of annual leave either in this country or overseas, and the period of incapacity seriously interrupts the period of leave, then they may count the absence as sick leave provided they;
- Notify their line manager either in writing or by telephone at the earliest opportunity, in line with organisation/departmental procedures and no later than the fourth continuous day of illness (or in exceptional circumstances); and
  - Provide a statement by a qualified medical practitioner; the statement should cover the period of the illness and the nature of the illness.

In circumstances where the line manager has requested a medical certificate then the cost will be covered by the organisation. For information, a serious interruption of annual leave would be deemed as four or more days of continuous illness.

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

### **14. RETURN TO WORK MEETINGS**

- 14.1 Following each period of sickness absence, employees will attend a return to work meeting with their line manager to discuss their absence. If the employee has been absent with a highly sensitive condition he/she may ask for a manager of the same gender to manage the absence.
- 14.2 The discussion should allow for an exchange of information and be as frank and as open as possible as this will prevent any misunderstandings concerning the nature of the absence. Managers should also take this opportunity to discuss any patterns or trends of absence that may emerge.

- 14.3 The return to work interview should be carried out by the employee's line manager and if this is not practical then it must be delegated to the appropriate deputy. It may not always be possible to hold the return to work interview on the day of return; however, arrangements should be put in place for it to be held at the earliest opportunity in a suitable environment with consideration given to confidentiality.
- 14.4 A fundamental purpose of this meeting is to allow the line manager the opportunity to discuss any assistance, help, counselling or action on work-related issues that may be provided to enable an employee to return to work or prevent further absence occurring. These could include for example:
- Work related issues such as, general dissatisfaction, work relationship problems, performance issues or harassment and bullying
  - Personal issues such as, relationship problems, domestic abuse, childcare or other caring responsibilities. There is an expectation from the CCGs that line managers will routinely ask all staff about domestic abuse at return to work interviews.

Comprehensive good practice guidance on domestic abuse for employees that can be found in Appendix 4 of this policy.

The CCG has a number of staff who have been trained as Mental Health First Aiders (MHFA). Their role is to provide initial support and signposting to staff who may be experiencing mental health problems. Further information; please refer to the CCG HR representative.

- 14.5 Notes and outcomes of the return to work interview, depending on the stage within the process may be to:
- a) record the information and take no further action
  - b) record the information and monitor and review
  - c) ensure all certification has been received and covers the absence period
  - d) agree a referral to occupational health
  - e) take action where work-related issues contribute to the absence
  - f) report any risks to HR
  - g) refer the case to a formal HR meeting where there have been more than 3 episodes in a rolling 12 month period or a long term absence of more than 28 days.
  - h) refer the case to a capability hearing (refer to appendix 1 for the absence stages)

## **15. SHORT TERM ABSENCE**

### **15.1 Informal**

- 15.1.1 The Organisation operates an accurate method of recording and monitoring levels of absence. If the amount of time being taken off for illness is giving cause for concern or reaches 3 occasions in a rolling 12 month period, managers will discuss this with employees at the return to work meeting explaining the informal procedure of this policy has been invoked and provide them with a record of all absences from work. The individual will have the opportunity to explain any personal or work-related issues which may be a factor in the absence. The member of staff does not have the right of representation at the informal stage and any notes/outcomes agreed at this meeting must be documented and held locally.

## **15.2 Formal**

15.2.2 To ensure the consistency with the application of the Sickness Absence Management Policy, trigger points are used to monitor short term sickness and long term sickness. The triggers for short term absence are:

- Four occasions of absence in any rolling 12 month period, or
- Aggregated 28 days absence in any rolling 12 month period

15.3.3 The HR representative will advise managers when the short term trigger points have been reached. It is the manager's responsibility to analyse the frequency and pattern of an employee's attendance. Where an employee reaches the fourth trigger, a formal meeting will be held with the individual - please refer to section 7 (scheme of delegation and appendix 1), stages of the process relating to managing short term sickness absence. The purpose of the meeting is to provide support and assistance to overcome any short term issues, patterns or problems which are identified in order to support and encourage improved attendance. At this stage an action plan of improvement will be set.

15.4.4 Where an individual fails to maintain regular attendance deemed acceptable for the organisation, they will progress through the stages identified in the scheme of delegation. This process may, eventually result in dismissal if the absence continues.

15.5.5 At any stage during this process, it may be appropriate to seek advice from an Organisation appointed medical practitioner.

15.6.6 Employees are entitled to have a trade union representative or work place colleague not acting in a professional capacity to accompany them to any of the formal stages of this procedure if they so wish.

15.7.7 If at any stage the employee achieves a better attendance record than the target, no action will be taken. The manager will however continue to monitor the level of attendance or pattern of absence and the employee may enter the policy at the previous stage if absence deteriorates again.

15.8.8 Prior to a final review meeting and potential dismissal scenario, advice must be sought from Human Resources including an up to date occupational health referral.

## **16. LONG TERM ABSENCE**

16.1 Long-term absence is classed as at least 28 calendar days.

16.2 In all cases of Long term absence, Occupational Health advice must be sought.

16.3 The HR representative will inform managers of staff who have been absent for 28 days or more. In cases of long-term absence line managers must arrange to conduct regular formal review meetings to discuss possible courses of action should the absence continue. These may include rehabilitation and return to work requirements, redeployment, ill-health retirement as appropriate. The meetings should be recorded and notes sent to the employee concerned. Employees may be accompanied by a Trade Union Representative or a workplace colleague not acting in a professional capacity and no additional legal representation is allowed. The line manager may also be accompanied by a HR Representative. The commencement and frequency of such meetings will depend upon the circumstances of the individual case, but will normally be instigated as soon as possible after the first months absence.

- 16.4 These meetings should be held at mutually convenient locations, with due regard made to the employee's circumstances. If an employee is too ill to travel, the line manager may arrange to conduct a home visit at a mutually convenient time, if the employee agrees. However it should be noted that, as part of the return to work process, it may be more relevant to hold the meetings at a business location, or a suitable alternative venue.
- 16.5 The purpose of the review meetings is to allow all parties to consider a range of options that may be available. These options could include, but aren't limited to:
- Possibility, and likelihood of return to work, and when
  - Possibility of alternative employment
  - Identifying and implementing 'reasonable adjustments'
  - Ill Health retirement
  - Termination of contract on the grounds of medical capability – the organisation would only ever consider this after exhausting all other options
- 16.6 Where employees fail to attend review meetings the manager may progress with the review in conjunction with the Human Resources representative considering information available and agreeing actions. All effort will be made to ensure the employee can attend the meeting where possible and notes of the meeting will be sent to the employee.

It is an employee's responsibility to ensure communication between employee and employer is maintained at all times & that employees fully cooperate in the absence management process.

## 17. ONGOING MEDICAL CONDITIONS

- 17.1 In some situations an employee may have ongoing health related problems which may impact upon their ability to perform the duties of their role. The employee may still be in work, or have long term or short term absence. This will be addressed by any or all of the following three steps.
1. **Medical advice**, support and guidance to help determine the best course of action for the individual
  2. **Reasonable Adjustments / redeployment** – consider what adjustments can be made to role including hours or lighter duties. Identify if there is any suitable alternative role the individual could undertake either on a permanent basis or Interim basis within the CCG. (Access to Work should be contacted where appropriate to explore further support available to maintain employment.
  3. **Final Review Meeting-** if the individual's substantive post is not suitable due to their ill health and the above stages have been unsuccessful in supporting the employee to resume full duties, and final review meeting is the next stage (See appendix 1)
- 17.2 Before any decision to terminate an employee on medical grounds the following must have been meaningfully considered:
- Rehabilitation
  - Phased return
  - A return to work with or without adjustments
  - Redeployment with or without adjustments

## 18. OCCUPATIONAL HEALTH SERVICES

- 18.1 Occupational Health Services are commissioned by the organisation externally (including access to counselling services). In cases of long-term absence, managers are expected to make a referral to the Occupational Health Service (or *Organisation Appointed Medical Advisor where a dedicated Occupational Health service is not available*) and the following principles should be applied:
- The Occupational Health Service can be consulted for advice when the likelihood of a return to work or cause of absence is not known.
  - A member of staff may be referred to the Occupational Health Service at an early stage in the absence if it is considered that a referral may benefit the employee or the Organisation.
  - The Occupational Health Service is available to give both general and specific advice on the fitness of an employee for work, adjustments to the workplace where appropriate and likely return dates.
  - An employee may request an occupational health referral, via their manager, for advice and support on the best way of seeking a return to work.
  - An employee can also make a self-referral to Occupational Health.
- 18.2 Where there is doubt regarding an employee's ability to return to work on a permanent basis advice must be sought from the Occupational Health Service. Employees may be eligible to ill-health retirement benefits if they have two years continuous membership of the NHS Pension Scheme. Ill-health retirement may be discussed with the individual during the review meetings.
- 18.3 Employees must make themselves available to attend Occupational Health referrals at an Occupational Health Office. However, due regard should be made to the accessibility of the location in relation to the nature of absence. Following the referral, Occupational Health provider will then provide a written report to management, a copy of which will also be sent to the individual. In all cases management will meet with the individual to discuss the content of the report and copy sent to HR for the personal file.
- 18.4 In some cases it may be more appropriate for Occupational Health to contact a third party for a medical opinion e.g. GP, Consultant etc. and consent must be obtained from the employee concerned. In these cases, any information provided by a third party is always disclosed to Occupational Health and not to management. Occupational Health will then provide management with a written summary of information provided which is pertinent to the employee's ongoing employment. Employee consent is not required for the release of this report.
- 18.5 Occupational Health may recommend appropriate treatment, such as physiotherapy or cognitive behavioural therapy, in supporting staff to remain in work, or return to work, at the earliest opportunity.

## **19. DISABILITY RELATED ABSENCE AND REASONABLE ADJUSTMENTS**

- 19.1 If an employee is disabled or becomes disabled during their employment, then the organisation is legally required under the Equality Act 2010 to make reasonable adjustments to enable the employee to continue working. The Act broadened the provisions of the Disability Discrimination Act of 1995, for public sector employees.
- 19.2 Advice must be sought from Occupational Health as to what they suggest are 'reasonable adjustments'. However it will be the line manager's decision as to whether those adjustments are also reasonable for the service. Any adjustments made must be discussed with the individual concerned. This could include advice from HR and Trade Unions.
- 19.3 The amendment to the Disability Act (now Equality Act 2010) also introduced the concept of positive discrimination where a disabled member of staff can be treated differently in order to ensure they remain in work. E.g. An internal disabled applicant, who has been displaced from their current role, may be considered favourably against an able bodied candidate.
- 19.4 Where there is a lack of understanding, on any part, if the absences are linked to a disability Occupational Health advice should be sought at the earliest opportunity.

## **20. SUBSTANCE MISUSE**

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

## **21. RETURNING TO WORK**

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

### **21.3 PHASED RETURN**

- 21.3.1 Where a phased return to work is recommended by the Occupational Health provider, or a medical practitioner, the employee will be able to return to work on a part-time basis whilst receiving their full pay. This will be for a maximum period of four weeks, thereafter the employee must either substitute their annual leave for days not worked or receive payment only for the hours worked. The aim of the phased return is that the employee returns to full duties/hours following the end of the phased period. The modified duties for the reduced hours should be documented in appendix 3.
- 21.3.2 Where an employee requests a phased return to work themselves, they must take annual leave for days not worked or receive payment only for the hours worked.

## **21.4 Principles of Redeployment**

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

## **22. ILL HEALTH RETIREMENT**

- 22.1 Throughout the absence management process all options, such as rehabilitation, redeployment, part time working, job redesign etc must be considered in conjunction with the employee.
- 22.2 Where the medical opinion indicates that an employee is permanently unfit for any employment or for the duties of their current role, the individual has the option of applying for early retirement on the grounds of ill health, in line with the provisions of the NHS Pension Scheme. This option is only available to employees who have at least two years continuous, pensionable NHS employment.
- 22.3 If an application for ill-health retirement is made, this constitutes a mutual decision that the employee is unable to fulfil their contractual obligations due to their ill-health condition and therefore a termination date will be agreed between the individual and their line manager.
- 22.4 This option should be discussed with the individual in full at the appropriate time and as much information as possible will be provided to enable the employee to make an informed decision. For more information regarding this procedure please contact Human Resources.

## **23. DISMISSAL ON THE GROUNDS OF CAPABILITY**

- 23.1 Before dismissal is considered, all other options as outlined above must have been discussed with the employee during the regular meetings that have taken place throughout the absence. Managers must be satisfied that all relevant information has been obtained and all relevant facts investigated. Documentation supporting this must be provided to the employee. In cases of long-term sickness, managers must also be mindful of the cessation of occupational sick pay entitlements in conjunction with the long-term prognosis.
- 23.2 In cases of short-term absence, managers must also consider the potential loss of specialist knowledge/experienced member of staff, the cost of replacing the employee, whether any flexible working arrangements could be accommodated in order to retain the skill and knowledge in the organisation.
- 23.3 Should the dismissal of an employee be identified at any stage in the process as the only appropriate option (i.e. all other options as outlined above have been investigated and found to be inappropriate) a Final Review Meeting will be convened and the employee must be given at least 7 working days' notice of the meeting in writing and be provided with all documentary evidence that will be referred to in the hearing.. This hearing will be chaired in line with the scheme of delegation and will be attended by the employee in question, their line manager, Human Resources and a Trade Union Staff Side representative. Representation should also be offered.

- 23.4 Prior to this meeting the employee will receive a copy of the report, detailing the case history to date and considerations taken into account (e.g Equality Act, implications, suitable alternative employment, ill health retirement) together with all other relevant documents, made to the person authorised to dismiss.
- 23.5 At this meeting the employee will have the opportunity to present their case and submit supporting evidence. They have the right to be accompanied by a Trade Union Representative or work colleague. The employee has the right to appeal this decision within 10 working days of the date of the letter.
- 23.6 Should the panel decide on the dismissal of employment on grounds of capability, this should take into account any current medical opinion provided by Occupational Health.
- 23.7 Following the meeting the employee will be given a letter confirming the reason for dismissal, the date of dismissal, their right to appeal, details of any payment in lieu of contractual notice and any other outstanding payments to which they are entitled eg annual leave.
- 23.8 Where an employee is dismissed during the paid sick leave period they will be entitled to payment equivalent to their total occupational sick pay entitlement (full and half pay), plus payment in lieu of contractual notice and any outstanding annual leave.

## **24. CONSULTATION, APPROVAL AND RATIFICATION**

- 24.1 The HR Policy Workshop which is composed of management, staff side and HR representatives considers all draft HR policies and guidance. All members have the opportunity to make comments and suggestions on the document content which is debated within the group and amendments made and agreed.
- 24.2 The CCGs Senior Management Team and/or other relevant Committees ratify the final HR policies. The role of the Staff Partnership Forum is to discuss and minute the policies and procedures that are submitted to the HR Policy Workshop.

### Stages of the process in managing short term sickness absence

	Period of absence	Improvement target	Action	Decision
First Stage Formal Review Meeting	If the employee has had 4 occasions, or aggregated 28 days absence in any rolling 12 month period they will be required to attend a formal review meeting.	During the next 6 months, if the employee has a further absence(s) and this is a cause for concern, they will progress to the next stage.	Formal meeting: Review absence record and reasons for absence. Agree standard of attendance and support if necessary. Possible OH referral if needed	Decision in writing, copy kept on personnel file.
Second Stage Formal Review Meeting	From the date of the first stage meeting, if the employee has a further absence(s) and this is a cause for concern, they will be required to attend a second stage formal meeting	During the next 6 months, if the employee has a further absence(s) and this is a cause for concern, they will progress to the next stage	Formal meeting: Review absence record, reasons for absence and medical advice. Agree standard of attendance and support if necessary.  Refer to Occupational Health	Decision in writing, copy kept on personnel file.
Final Review Meeting	From the date of the second stage meeting, if the employee has a further absence(s) and this is a cause for concern, they will be required to attend a Final Review Meeting.	If the employee if not dismissed then revoke a new improvement target at the Second Stage Formal Review Meeting	Final review meeting: Review absence record, actions taken to support improvement and any supporting medical advice. Alternatives to dismissal will be discussed including redeployment.	Decision in writing, copy kept on personnel file.  Possible outcome- Dismissal  Right of appeal

***\*Please note – In relation to part-time staff, triggers will be adjusted and calculated in accordance with contractual days and pro rata, therefore these will be different for part time staff.***

### Sickness Notification and Certification Form

Completion of this form must commence on the first day of sickness and forward to the absence co-ordinator for your area. The line manager (or delegated deputy) must then forward this to HR once Part B has been completed at the return to work interview.

<b>Part A - notification of absence - to be completed on employees first day of absence by the Line Manager and/or delegated deputy</b>	
Name:	
Job title	
Department	
1 <sup>st</sup> Day of absence	
Reason for absence	
Was this an accident at work? If yes has an incident form been completed?	
Date of expected return	
Contact Address	
Contact number	
Agreed method and frequency of contact	
If absent on the 3 <sup>rd</sup> day contact made and reasons for continued absence	
Managers (or delegated deputy) name	
Managers (or delegated deputy) Signature	

**Part B Return to work: to be completed by Manager and Individual on return to work**

Date when fit to return to work

Date of actual return to work

Number of recorded days absence

Nature of *illness*

Ask about domestic abuse – ‘we know that domestic abuse has many effects on health. We now routinely ask all our employees if they are experiencing domestic abuse.’

Did you visit your GP or Hospital?

If yes please give details

If absence was more than 7 days has a medical certificate been provided?

Has the employee undertaken any unpaid or paid work, study or training during the period of sick leave?

I declare that to the best of my knowledge the facts given above are true and complete. False statements subsequently proven beyond reasonable doubt or refusal to complete this form or any part therein will be considered serious misconduct and may result in further action under the organisations Disciplinary policy or Fraud and Corruption guidance.

I also declare (delete as appropriate):

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

Employee signature

Date

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

Managers Signature (or delegated deputy)

Date

**Follow up action agreed.**

Monitor - targets set and timescale given

Refer to formal review

NHS injury

Referral to Occupational Health

Medical certificates for all sickness absences

Referral to counselling or other agencies

Absence entered on ESR for managers who use self service

### Phased return work plan

<b>Name</b>
<b>Department</b>
<b>Start of phased return<sup>1</sup></b>
<b>Agreed working pattern (may include working from home where appropriate)</b>
<b>End of phased return<sup>2</sup></b>
<b>Any restrictions to nature of work<sup>3</sup></b>
<b>Expected outcomes or objectives<sup>4</sup></b>

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

<sup>2</sup> If more than four weeks of phased return is necessary the period after four weeks will normally be paid pro-rata to the hours worked. Any phased return beyond eight weeks should be referred to the HR Adviser who will arrange for a temporary amendment to contract for the member of staff.

<sup>3</sup> Please note any restrictions to the type of work which may be carried out e.g. no lifting or limited periods of time using VDU etc.

<sup>4</sup> Please note here what outcomes the phased return to work is expected to achieve e.g. updating skills, affecting a return to the full working pattern by the end of the phased return etc.

<b>Any other agreed actions</b>	
<b>Review date</b>	
<b>Employees Signature</b>	<b>Date</b>
<b>Line Managers' Signature</b>	<b>Date</b>

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

### Good Practice Guidance and Procedure for Employees Experiencing Domestic Abuse

#### Aims of the Guidance and procedure

- Support employees experiencing problems at work arising from domestic abuse.
- Ensure confidentiality and sympathetic handling of situations at work arising from domestic abuse.
- Remove fears of stigmatisation at work for employees experiencing domestic abuse.
- Raise awareness and understanding amongst all employees in the workplace of the effects of domestic abuse.

#### If an employee is experiencing domestic abuse

Employees have the right to work in a supportive and confidential environment that does not discriminate against, or stigmatize people who are experiencing domestic abuse (whether this is physical or emotional). Employees are not obliged to tell anyone at work about their domestic situation, but there are many support mechanisms available such as the line manager, Human Resources Representative, Trade Union Representatives, Occupational Health Staff/Counselling Service. Employees are therefore advised to talk to someone at work if they feel their personal situation is affecting work – specific details are not necessary but a joint approach to problem solving to resolve any work issues is essential. If managers have any health and safety concerns they can seek guidance from the CCG Domestic Abuse Manager – 01274 237684, the Safeguarding Adult Team or the Safeguarding Children Team – 01274 237645

#### Line Managers will provide support by:

- Responding sympathetically and confidentially to employees who may be experiencing domestic abuse.
- Being supportive.
- Giving information about support services which the member of staff may wish to contact – Please refer to 'Useful contacts' below.
- Allowing the employee time off to visit solicitors and other agencies under provisions contained within the Flexible Working/Special Leave Policy (paid & unpaid leave).
- Reassuring the employee that their job is guaranteed should extended leave be required to flee violence.
- Giving information about the confidential counselling service available to all employees
- Gaining consent from the employee to share any information, except in cases where there is a legal requirement to report issues.

#### Arrangements for where others may be put at risk:

Managers have a duty to maintain a secure environment for all employees and this may be made easier if colleagues are aware of potential risks. With the express wish and consent of the employee in question colleagues may need to be informed of the situation. It is however important that the manager agrees with the individual what information can be disclosed. In these circumstances colleagues privy to this information must be reminded that the information is confidential and that there are risks to the member of staff if it is disclosed.

Ensuring that all team members are aware that under no circumstances should the workplace or personal details of individuals be divulged unless consent is given by the individual concerned.

Ensuring that information contained in the employees personal or departmental file will not be divulged to anyone without the permission of the individual and the manager.

## Recording Information

Managers will record a summary of any discussion together with any agreed outcomes. The manager should keep this confidentially on their own files.

If a manager is unsure how to approach a domestic abuse or related situation then they should take further confidential advice from the Domestic Abuse Manager, the Safeguarding Adult Team or the Safeguarding Children Team.

Line managers or staff members are not expected to be experts on domestic abuse, or support the employee in isolation, but should know how to respond to a disclosure of abuse and who to contact for advice and support

If an employee is convicted of domestic abuse and this clearly conflicts with their role within the organisation, appropriate action will be taken. Advice should be sought from the Human Resources Representative.

### Employees should:

- Attend the CCG training for line managers – Asking about domestic abuse at return to work interviews.
- Listen carefully and provide space to talk. Assure them of your confidentiality unless there are child protection issues or safeguarding adult issues which must be reported. Seek advice from Safeguarding Adult or Safeguarding Children Team 01274 237645
- Ask their colleague what they want to do, if anything, and respect their decision.
- Ask their colleague if they want to report it to the police and/or need to see a General Practitioner/Occupational Health Nurse/Doctor for medical attention - again this is their choice. If the person is injured they should be encouraged to see their GP or Occupational Health Nurse/Doctor to have any injuries assessed and documented with their consent.
- Give information (not advice) about local refuges/safe houses or help lines. Remember Inaccurate or bad advice is worse than no advice at all.
- Give information to the member of staff about Counselling Services.
- Be prepared to offer the same standard of support on all occasions no matter how many times the same colleague comes forward. Because of the nature of persistent domestic abuse, victims often find it very difficult to leave abusive relationships.
- Assist them in making contact with agencies that may be able to help (please refer to the “Useful Contacts” below)
- Consider the risk that the employee may be at and offer support accordingly. For example, this may mean signposting or a referral (with consent) to domestic abuse services, offering emotional and practical support or getting support from the domestic abuse manager to undertake a risk assessment.

Offering basic information about services is very helpful whether they are used immediately or not. Victims need a link to the larger community, and may be unaware that they need or deserve these services because they probably minimise the abuse. Pressuring victims to leave the abuser is NOT helpful. Violence usually escalates prior to, during and just after an attempt to leave. Leaving the situation is a step that should be carefully planned after specialist support and must be taken at the victim's pace. Admitting that the abuse is happening is the first step to stopping it.

### Useful Contacts

#### Collaborative CCGs

- Domestic Violence Manager – 01274 237684
- Safeguarding Adult Team 01274 237645
- Safeguarding Children Team 01274 237645

## National

- National Domestic Violence Helpline (for women) - 0808 2000 247 (Freephone 24 hour)
- Men's Advice Line (for male victims of domestic abuse) - 0808 801 0327
- The Forced Marriage Unit - 0207 0080151 or 0044 20 7008 0151 if calling from overseas.

The Unit is dedicated to preventing British nationals being forced into marriage overseas. If you are worried that you might be forced into a marriage or are worried about someone else who may you should contact them on 0207 0080151 or 0044 20 7008 0151 if you are overseas.

## Bradford

- Staying Put –Enabling men, women and children experiencing domestic abuse to remain safely in their own home - 01274 667104, [www.stayingput.uk.net](http://www.stayingput.uk.net), [enquiries@stayingput.uk.net](mailto:enquiries@stayingput.uk.net)
- The Oasis Project - domestic abuse services for black and minority ethnic (BME) women and children in the Bradford district 01274 634850
- Bradford Rape Crisis & Sexual Abuse Survivors Service - 01274 308 270
- Anah Project - Accommodation for Asian Women without children who are suffering violence or oppression in Bradford - 0845 960 6011
- Domestic Violence Services Keighley – providing support for men and women experiencing abuse 01535 210999
- Men Standing Up – providing support within the Bradford District for males experiencing domestic abuse. - 03003030167

## Calderdale

- Calderdale Council : <http://www.calderdale.gov.uk/community/domestic-violence/index.html>
- Calderdale Women Centre - 01422 323339, [www.womencentre.org.uk](http://www.womencentre.org.uk)
- Doorways – for help with housing - 01422 392460

## Kirklees

- **Pennine domestic violence group services 0800 052 7222**
- **<http://pdvg.org/>**
- Kirklees Domestic Violence Team - 01924 431491, [domesticviolence@kirklees.gov.uk](mailto:domesticviolence@kirklees.gov.uk), <http://www.kirklees.gov.uk/domesticviolence>

## Leeds

- Leeds Domestic Violence Services – 24hr helpline 0113 246 0401, [administration@leedswomensaid.org.uk](mailto:administration@leedswomensaid.org.uk)
- **Leeds Women's Aid 0113 246 0401- 24 hours**

## Wakefield

- The Safe at Home Team - 0800 915 1561, [safeathome@wakfield.gov.uk](mailto:safeathome@wakfield.gov.uk)
- Alcohol Team - 01924 330501
- Safer Relationship Men's helpline - 07515 573842 (please leave a message)
- Surviving Trauma after Rape (STAR) – 01924 298954

Note: Support services correct as at 05.06.2017

## Equality Impact Assessment

<b>Title of policy</b>	Managing Sickness Absence Policy	
<b>Names and roles of people completing the assessment</b>	Alison Ewart, HR Business Partner Nadeem Murtuja, Senior Associate Equality and Diversity	
<b>Date assessment started/completed</b>	Started March 2014	To be reviewed July 2020

**1. Outline**

<b>Give a brief summary of the policy</b>	This policy outlines the CCG's formal short term and long term sickness absence triggers. Management and staff are informed of their responsibilities in reporting/managing sickness absence. Informal and formal stages of the procedure are set out to manage absence and references are made to support services such as occupational health.
<b>What outcomes do you want to achieve</b>	Reduce sickness absence rates. Provide a support environment for staff with health issues and disabilities impacting on health.

**2. Analysis of impact**

This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to; eliminate unlawful discrimination; advance equality of opportunity; foster good relations

	<b>Are there any likely impacts? Are any groups going to be affected differently? Please describe.</b>	<b>Are these negative or positive?</b>	<b>What action will be taken to address any negative impacts or enhance positive ones?</b>
<b>Age</b>	Yes, age may be associated with more frequent occurrences of ill health.	Negative if not managed properly.	Individual circumstances will be taken into account when meeting with staff who hit formal triggers. Meetings are to be held in a supportive manner to assist staff in managing health concerns. Current sickness needs to be viewed in the context of length of service and previous absence records.
<b>Carers</b>	No		
<b>Disability</b>	Yes, disabled staff could potentially be more likely to have a higher level of	Negative if not managed properly.	Reasonable adjustments will be made for disabled staff. This could be an adjustment to their role or work environment to

	sickness absence at times.		ensure health and safety risks are addressed. Formal sickness triggers may also be adjusted.
<b>Sex</b>	No		
<b>Race</b>	No		
<b>Religion or belief</b>	No		
<b>Sexual orientation</b>	No		
<b>Gender reassignment</b>	No		
<b>Pregnancy and maternity</b>	Yes, female employees may suffer from higher sickness absence as a result of pregnancy related illness.	Negative if not managed properly.	Sickness related to pregnancy illness will not be counted towards formal triggers. Support will also be given to staff to consider their individual needs and circumstances.
<b>Marriage and civil partnership</b>	No		
<b>Other relevant group</b>	No		
<b>If any negative/positive impacts were identified are they valid, legal and/or justifiable? Please detail.</b>		Makes all reasonable provision to ensure equity of access to all employees. Measures are to be taken where there is a potential disadvantage to groups with a protected characteristic. These are in line with Equality best practice.	

<b>3. Monitoring, Review and Publication</b>	
<b>How will you review/monitor the impact and effectiveness of your actions</b>	<p>The policy takes account for individual circumstances and makes reasonable adjustment for staff with disabilities and pregnancy related illness. Absence for staff with disabilities is identified as part of monthly report and support given to line managers.</p> <p>Monitor: The causes of ill-health based on individual circumstances and identify any particular trends - particularly in relation to equality characteristic groups and in this regard trigger points. Identify and market provision that will support staff to seek support (with confidentiality ensured) for example, stress counselling, access to physiotherapy, sign post to financial and legal advice, rapid response service in cases of serious distress, much more accessible self-assessing risk assessment toolkit etc. Monitoring the time period between recognising the need for a reasonable adjustment and applying it - ensuring this is divided into equality protected characteristic groups (anonymised).</p> <p>Monitor the % of people that share a protected characteristic who are taking sick leave compared to those who do not share that characteristic.</p> <p>Ensure sufficient reasonable adjustments/absences are</p>

	made to exempt people from attendance management procedures, trigger points and warnings due to transgender surgery (including recovery period). Use the grievance policy/framework to determine the effectiveness of this policy.		
<b>Lead Officer</b>	Tazeem Hanif	<b>Review date:</b>	July 2020

<b>4. Equality and Diversity Sign off</b>			
Equality Lead Officer	Nadeem Murtuja		
		<b>Date approved:</b>	April 2014

<b>5. Sign off</b>			
<b>Lead Officer</b>	Fiona Jeffrey		
<b>Director</b>	Associate Director of Corporate Affairs	<b>Date approved:</b>	August 2015