

Attendance Management

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Part One

1.0 POLICY STATEMENT

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

2.0 PRINCIPLES

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

employee is covered by the Act, advice will be sought from appropriate medical professionals.

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

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

3.0 RESPONSIBILITIES

Manager Responsibilities

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

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

Employee Responsibilities

3.2 Employees are expected to:

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

Occupational Health Services Responsibilities (OHS)

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

OHS is expected to:

- Take a pro-active approach to assist Managers to keep employees in work wherever possible.
- Be the gatekeeper of health rehabilitation and can provide fast track physiotherapy, exercise and holistic treatments which can help keep an employee in work.
- Assist Managers with case conferences to discuss complex cases.
- Provide a medical opinion on an employee's fitness to work and time-scales for returning to work.
- Early intervention and support via OH e.g. a psychological support programme can prevent periods of sickness absence.

4.0 GENERAL POINTS

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

5.0 SCHEME OF DELEGATION

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

Informal procedure	Line Manager or equivalent level manager from elsewhere within the organisation
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Formal procedure	Line manager or equivalent level manager from elsewhere within the organisation or the line managers direct manager if the line manager has been previously involved or implicated
Appeal following formal procedure	Line Managers manager or equivalent who has not previously been involved or implicated
Dismissal Hearings	Chaired by a Deputy Chief Officer/ Deputy Director or equivalent plus one other manager and HR representative
Appeal against dismissal	Chaired by a Chief Officer/ Deputy Chief Officer plus one other manager and HR representative

6.0 EQUALITY STATEMENT

- 6.1 In applying this procedure, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.
- 6.2 An Equality Analysis has been carried out on this policy and is available upon request from Human Resources.

7.0 MONITORING & REVIEW

- 7.1 The policy and procedure will be reviewed every 3 years by the CCG in conjunction with operational managers and trade union representatives. Where review is necessary due to legislative change, this will happen immediately.
- 7.2 The implementation of this policy will be performance managed by the Executive Director of Commissioning and Business Delivery.

PART 2 – PROCEDURE

1.0 REPORTING ABSENCE

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

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

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

Evidence of Incapacity for Work

- 1.7 All absences lasting seven calendar days or less, on the first day back at work, employees will be required to complete a Sickness Self-Certificate. Please see Appendix 12. This should include the reason for absence. The Certificate will be countersigned by a manager and placed on the personal file held by HR in a confidential secure area.
- 1.8 If an absence exceeds seven calendar days, a doctor's medical certificate must be submitted to the line manager no later than the tenth day of absence, covering the absence from the eighth day. The medical certificate must be sent to an HR representative within the CCG to be retained on the individual's personal file. The

absence must also be recorded on the appropriate staff absence form (Employee Time and Attendance Declaration ETAD).

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

Statement of Fitness to Work (FIT Note)

- 1.13 The statement of fitness to work, known as the 'fit note' was introduced in April 2010. It allows a doctor/GP to advise whether an employee is either:

- Not fit to work
- May be fit to work

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

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

Any such recommendations should be discussed and agreed with the individual and line manager prior to commencement of work at a return to work interview. Further advice may also be sought from the Occupational Health provider, if necessary.

2.0 EMPLOYEE OCCUPATIONAL SICK PAY ENTITLEMENTS

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

During 1 st year of service	One months' full pay and two months' half pay
During 2 nd year of service	Two months' full pay and two months' half pay
During 3 rd year of service	Four months' full pay and four months' half pay
During 4 th year of Service:	Five months' full pay and five months' 5 th years

After 5 th year of service	Six months' full pay and six months' half pay
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- 2.2 The period during which sick pay is paid and the rate of sick pay for any period of absence is calculated by deducting from the employee's entitlement, on the first day of absence, the aggregate periods of paid sickness during the 12 months immediately preceding that day.
- 2.3 Sick pay is based on basic pay only.
- 2.4 Full pay is inclusive of any statutory benefits. Half pay plus statutory sick pay will not exceed full pay.
- 2.5 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.
- 2.6 In the event of employment coming to an end, entitlement to sick pay ceases from the last day of employment.
- 2.7 Absence for planned elective medical treatment, which is for cosmetic reasons alone, must be taken as annual leave and not sick leave. Where planned medical treatment has both a cosmetic and health improvement purpose, absence should be reported as sick leave.

Occupational Sick Pay Conditions

- 2.8 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.
- 2.9 If sick pay entitlement is exhausted before a Final Review Meeting takes place, and where the failure to undertake the Final Review is due to delay by the manager, sick pay will be reinstated at half pay as follows:
 - Employees with more than 5 years reckonable service – sick pay will be reinstated if the entitlement is exhausted before the Final Review meeting takes place.
 - Employees with less than 5 years reckonable service – sick pay will be reinstated if the entitlement is exhausted and the Final Review meeting does not take place within 12 months of the start of their sickness absence.

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

- 2.10 The period of full or half sick pay detailed in section 2.1 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.

- 2.11 When an extension to sick pay is being considered for any reason this must first be discussed with an HR representative or the HR service provider.
- 2.12 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.
- 2.13 An employee who is absent as a result of an accident is not entitled to sick pay if damages are received from a third party. Under these circumstances, the employee will be advanced a sum not exceeding the amount of sick pay payable under this scheme providing the employee repays the full amount of sickness allowance when damages are received. Once received, the absence will not be taken into account for the purposes of the scale set out in section 2.1 above.

3.0 SICKNESS DURING ANNUAL LEAVE

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

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

- 3.2 If an employee is absent on sick leave and has pre-booked annual leave then they must notify their manager, as soon as possible, of the nature of the leave, otherwise it will be assumed that the annual leave is being taken. If the employee intended to spend time at their normal place of residency then the leave may be credited back upon receipt of appropriate medical statements/Doctors' notes.
- 3.3 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.
- 3.4 Where necessary, the CCG will reimburse the cost of such letters. In addition, CCG may also choose to obtain a medical opinion from the Occupational Health Provider.

- 3.5 If the leave is supported by a medical practitioner then the employee will have the option to continue with sick leave and have the annual leave credited back or take the time as annual leave, in which case sick pay, occupational and/or statutory as appropriate, will cease.
- 3.6 If an employee is physically unable to return to work after a holiday they must submit a medical certificate which covers them from the day on which they were expected to return to work.
- 3.7 Should the employee take the leave as sickness, then entitlements to sick pay both occupational and statutory will be in line with the normal eligibility rules.
- 3.8 Where the request to continue with a pre-booked holiday is not supported by a medical practitioner, then annual leave should be taken.
- 3.9 Employees will not be entitled to an additional day off if they are sick on a statutory holiday.

4.0 SHORT TERM ABSENCE

- 4.1 The CCG operates an accurate method of recording and monitoring levels of absence. If the amount of time being taken off for illness is giving cause for concern, managers will discuss this with employees at the return to work interview and provide them with a record of all absences from work. The individual will have the opportunity to explain any personal or work-related issues which may be a factor in the absence.
- 4.2 To ensure the consistency with the application of Attendance Management Policy, trigger points are used to monitor short term sickness and long term sickness. The triggers for short term absence are:
 - **Four occasions of absence in any 12 month period, or**
 - **12 days absence in any 12 month period.**
- 4.3 Where an employee reaches a trigger, a formal attendance monitoring meeting will be held with the individual. The purpose of the meeting is to provide support and assistance to overcome any short – term issues, patterns or problems which are identified. At this stage an action plan of improvement will be set. (*See Appendix 1 ‘Stages of Attendance Management and Improvement Notification’*)
- 4.4 Where an individual fails to maintain regular attendance deemed acceptable for the CCG, they will progress through the stages of the procedure. This process may, eventually result in dismissal if the absence continues. The matter may also be referred to the LCFS for further investigation i.e. if there is a suspicion that the individual has been working elsewhere while absent from the CCG.
- 4.5 At any stage during this process, it may be appropriate to seek advice from the CCG appointed Occupational Health provider.

- 4.6 Employees are entitled to have a staff side representative or work place colleague, not acting in a professional capacity, to accompany them to any of the formal stages of this procedure if they so wish.
- 4.7 If at any stage the employee achieves a better attendance record than is required by a warning, no action will be taken. The manager will continue to monitor the level of attendance or pattern of absence.

5.0 LONG TERM ABSENCE

- 5.1 Long-term absence is classed as **at least four weeks continuous absence**. However it should be noted that for reporting purposes, reports will highlight potential long-term absence after 8 calendar days or more.
- 5.2 In all cases of Long term absence, advice must be sought from the Occupational Health Provider.
- 5.3 Sickness absence due to the following reasons must always be referred to OHS by Managers:
- **Stress Related** referrals to OHS should be **made within three weeks** of an employee indicating the reason for absence is due to stress, post traumatic stress disorder, panic attacks, anxiety or depression, general debility, irritability, fatigue, or mental ill-health;
 - **Muscular Skeletal Disorders (MSDs)** – OHS advise that a referral is **made within three weeks** of an employee indicating this reason for absence, including neck and back pain, as if not addressed at the onset, it can become a chronic condition;
 - **Occupational Disease** – OHS advise that a referral is **made within three weeks** of any employee being issued with a medical certificate indicating one of the occupational diseases
- 5.4 In cases of long-term absence line managers must arrange to conduct regular review meetings to discuss possible courses of action should the absence continue.
- 5.5 These may include rehabilitation and return to work requirements, redeployment, ill-health retirement etc. The meetings should be recorded and copies of any notes sent to the employee and to an HR representative for retention on the employee's personal file.
- 5.6 Employees may be accompanied by a Trade Union Representative or a work colleague. The line manager may also be accompanied. The frequency of such meetings will depend upon the circumstances of the individual case.
- 5.7 These meetings should be held at mutually convenient locations, with due regard made to the employee's circumstances. If an employee is too ill to travel, the line manager may arrange to conduct a home visit at a mutually convenient time, if the employee agrees.

- 5.8 However it should be noted that, as part of the return to work process, it may be more relevant to hold the meetings at a business location, or a suitable alternative venue.
- 5.9 Review and decision dates should be arranged taking into consideration the individual's sick pay entitlements and there must be a review meeting before their sick pay ends.
- 5.10 Employees who fail to attend sickness review meetings may be subject to the various sanctions within this policy.

6.0 ONGOING MEDICAL CONDITIONS

6.1 In some situations an employee may have ongoing health related problems which may impact upon their ability to perform the duties of their role. The employee may still be in work, or have long term or short term absence. This will be addressed by any or all of the following three steps.

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

6.2 Before any decision to terminate an employee on medical grounds the following must have been meaningfully considered:

- Rehabilitation
- Phased return
- A return to work with or without adjustments
- Redeployment with or without adjustments

7.0 RETURN TO WORK MEETING

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

7.2 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.

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

7.4 Notes and outcome of the meeting will be agreed and retained on file using Appendix 13.

8.0 OCCUPATIONAL HEALTH Provider (OHP) – Organisational Appointed Medical Advisor

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

- The Occupational Health Provider can be consulted for advice when the likelihood of a return to work or cause of absence is not known.
- A member of staff should be referred to the Occupational Health Provider at an early stage in the absence if it is considered that a referral may benefit the employee or the CCG.
- The Occupational Health Provider is available to give both general and specific advice on the fitness of an employee for work, adjustments to the workplace where appropriate and likely return dates.
- An employee may request an OHP referral, via their manager, for advice and support on the best way of seeking a return to work.

8.2 Where there is doubt regarding an employee's ability to return to work on a permanent basis advice must be sought from the Occupational Health Provider. Employees may be eligible to ill-health retirement benefits if they have two years continuous membership of the NHS Pension Scheme. Ill-health retirement should be discussed with the individual during the review meetings. Please note that ill-health retirement is not available to staff that are on flexible retirement contracts.

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

8.4 Following the referral, Occupational Health Provider will then provide a written report to management, a copy of which will also be sent to the individual. In most cases management will meet with the individual to discuss the content of the report. The line manager must ensure a copy of the report is retained on the employee's personal file.

8.5 In some cases, it may be appropriate for Occupational Health to contact a third party for a medical opinion e.g. GP, Consultant etc. and consent must be obtained from the employee concerned.

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

- 8.7 Occupational Health will then provide management with a written summary of the information provided which is pertinent to the employee's on going employment. Employee consent is not required for the release of this report.
- 8.8 Occupational Health may recommend appropriate treatment, such as physiotherapy or cognitive behavioural therapy, in supporting staff to remain in work, or return to work, at the earliest opportunity.

9.0 DISABILITY RELATED ABSENCE AND REASONABLE ADJUSTMENTS

- 9.1 If an employee is disabled or becomes disabled during their employment, then the CCG is legally required under the Equality Act 2010 to make reasonable adjustments to enable the employee to continue working. The Act broadened the provisions of the Disability Discrimination Act of 1995, for public sector employees.
- 9.2 Advice must be sought from Occupational Health as to what they suggest are 'reasonable adjustments'. However, it is the line manager's decision as to whether those adjustments are also reasonable for the service. Any adjustments must first be discussed with the individual concerned.
- 9.3 The amendment to the Disability Act (now Equality Act 2010) introduced the concept of positive discrimination where a disabled member of staff (if they are as qualified) can be treated differently in order to ensure they remain in work e.g. an internal disabled applicant, who is displaced from their current role, may be considered favourably against an able bodied candidate.
- 9.4 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.

10.0 SUBSTANCE MISUSE

- 10.1 Where an employee's absence is as a result of a suspected or admitted substance misuse problem please refer to the HR Department for guidance.

11.0 RETURNING TO WORK

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

Phased Return

- 11.3 Where a phased return to work is recommended by the Occupational Health Provider, or a medical practitioner, the employee will be able to return to work on a part-time basis

whilst receiving their full pay. This will be for a maximum period of four weeks, after which time, the employee must either substitute their annual leave for days not worked or receive payment only for the hours worked.

- 11.4 Where an employee requests a phased return to work themselves, they must take annual leave for days not worked or receive payment only for the hours worked.

Redeployment

- 11.5 If medical opinion is that an employee is unfit to return to their former employment, the possibility of alternative employment must be considered.

- 11.6 Where an employee's pay reduces because of ill-health or injury, and they have the required membership of the NHS Pension Scheme, their membership at the higher rate of pay may be protected.

Temporary Injury Allowance

- 11.7 Employees on sick leave, and receiving either reduced pay or no pay; as a result of an injury or illness that is wholly or mainly attributable to their NHS employment will be eligible to apply for Temporary Injury Allowance. Applications should be made by the employee to their line manager who will make the decision on whether payment should be made, in conjunction with a HR representative. Further guidance may be sought from the Occupational Health Provider or NHS Pensions.

- 11.8 Employees do not need to be members of the NHS Pension Scheme to apply for Temporary Injury Allowance.

- 11.9 Temporary Injury Allowance will stop when the individual returns to work or leaves their employment.

Ill Health Retirement

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

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

- 11.12 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.

- 11.13 This option should be discussed with an individual in full, at the appropriate time, and as much information as possible will be provided to enable the employee to make an

informed decision. For more information regarding this procedure please contact an HR representative or the HR Service Provider.

Resignation

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

Dismissal On The Grounds Of Capability

- 11.15 Before dismissal is considered, all other options, as outlined above, must have been discussed with the employee during the regular meetings that have taken place throughout the absence. Managers must be satisfied that all relevant information has been obtained and all relevant facts investigated. Documentation supporting this must be provided to the employee. In cases of long-term sickness, managers must also be mindful of the cessation of occupational sick pay entitlements in conjunction with the long-term prognosis.
- 11.16 In cases of short-term absence, managers must consider the potential loss of specialist knowledge/experienced member of staff, the cost of replacing the employee, whether or not any flexible working arrangements could be agreed etc.
- 11.17 Should the dismissal of an employee be identified at any stage in the process as the only appropriate option (i.e. all other options as outlined above have been investigated and found to be inappropriate) a Final Review Hearing will be convened. This will be chaired by the appropriate manager with the authority to dismiss and will be attended by the employee in question, their line manager and a Human Resources representative.
- 11.18 Prior to this meeting the employee will receive a copy of the report, detailing the case history to date and considerations taken into account (e.g. Equality Act, implications, suitable alternative employment, ill health retirement) together with all other relevant documents, made to the person authorised to dismiss.
- 11.19 At this meeting the employee will have the opportunity to present their case and submit supporting evidence. They have the right to be accompanied by a Trade Union Representative or workplace colleague. The employee has the right to appeal this decision.
- 11.20 Following the meeting the employee will be given a letter confirming the reason for dismissal, the date of dismissal, their right to appeal, details of any payment in lieu of contractual notice and any other outstanding payments to which they are entitled e.g. annual leave.
- 11.21 Where an employee is dismissed during the paid sick leave period they will be entitled to payment equivalent to their total occupational sick pay entitlement (full and half pay), plus payment in lieu of contractual notice and any outstanding annual leave.

12.0 MATERNITY RELATED ABSENCE

12.1 Should an employee be absent from work due to pregnancy related sickness, these absences should be recorded separately and not counted towards absence triggers. However they should continue to be monitored.

13.0 APPEAL

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

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

APPENDIX 1

Stages of Attendance Management and Improvement Notification.

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

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

APPENDIX 2 MANAGING ABSENCE PROCESS MAP - 4 ROUTES TO FOLLOW

Alcohol and Drug Policy		Managing Capability Procedure	Disciplinary Procedure	Medical Incapacity Procedure	
				<u>FREQUENT SHORT TERM ABSENCE</u>	<u>LONG TERM ABSENCE</u>
<p>Incident occurs where alcohol or drug misuse is suspected</p> <p>Counselling interview</p>		<p>INFORMAL STAGE</p> <p>Counsel and agree standard of performance required</p> <p>↓</p> <p>Monitor if not medical related problem</p> <p>↓</p> <p>No improvement then proceed to formal procedure Stage 1</p> <p>↓</p> <p>If no improvement during agreed time consider moving to Stage 2 Formal Procedure</p> <p>↓</p> <p>Set up final performance improvement procedure Employee has Right of Appeal</p> <p>↓</p>	<p>INFORMAL STAGE FOR MINOR OFFENCES</p> <p>↓</p> <p>Proceed to formal stage if counselling fails to resolve matter or it is considered that the matter warrants formal disciplinary action, a verbal warning may be given by the Line Manager</p> <p>↓</p> <p>Employee has Right of Appeal</p> <p>↓</p> <p>Where a Verbal Warning has failed to resolve the matter or a subsequent but different offence is committed, a First Written Warning may be given by the Disciplinary Panel.</p> <p>↓</p> <p>Employee has Right of Appeal</p> <p>↓</p>	<p>Arrange non-disciplinary interview (informal counselling)</p> <p>↓</p> <p>Make notes of discussion</p> <p>↓</p> <p>Outcome options:-</p> <p>Referral to OH</p> <p>or</p> <p>Instruction for employee to produce medical certificate for each sickness related absence for a specified time</p> <p>or</p> <p>Provision for unpaid leave or counselling appropriate to each case</p> <p>↓</p> <p>If no improvement and OH say there is no underlying medical reasons then invoke Medical Incapacity Procedure (Stage 1)</p> <p>FORMAL PROCEDURE STAGE 1</p> <p>Arrange formal meeting (48 hours notice)</p> <p>↓</p> <p>At end of meeting:</p> <p>Confirm decision in writing</p> <p>Set up Attendance Improvement Action Plan</p> <p>Arrange appointment at OH if appropriate</p> <p>Issue formal warning to employee</p> <p>↓</p>	<p>Line Manager/HR Manager to maintain regular contact with employee (home visits or interview)</p> <p>↓</p> <p>Contact should be made within a maximum of a month of first day of sickness absence and at regular intervals thereafter (depending on circumstances)</p> <p>↓</p> <p>Make assessment of the impact on service delivery of continued absence, and consider reasonable adjustments, bearing in mind the employee's medical practitioner's/ specialist's or OH advice</p> <p>↓</p>
<p>Individual accepts (she has a problem)</p> <p>↓</p> <p>Refer to OH</p> <p>↓</p> <p>Process monitor</p> <p>↓</p> <p>Return to work</p>	<p>Individual denies having a problem</p> <p>↓</p> <p>Inform employee of requirement to improve work performance</p> <p>↓</p> <p>Situation doesn't improve</p> <p>↓</p> <p>Invoke Capability/ Incapacity/ Disciplinary Procedures</p>	<p>If no improvement within agreed times scale move to formal procedure Stage 3</p> <p>↓</p> <p>Capability Hearing</p> <p>↓</p> <p>Employee has Right of Appeal</p> <p>↓</p> <p>The Capability Procedure is to be invoked when an employee is not performing...</p> <ul style="list-style-type: none"> eg: to the standards required and there is no underlying medical problem but could be drug or alcohol related 	<p>Where a First Written Warning has failed to resolve the matter or a subsequent but different offence is committed, a Final Written Warning may be given by the COO or his/her representative.</p> <p>↓</p> <p>Employee has Right of Appeal</p> <p>↓</p> <p>The Disciplinary Procedure is to be invoked for failing....</p> <ul style="list-style-type: none"> eg: to comply with the Sickness Absence Reporting Procedure or Attends for work under the influence of Alcohol or Drugs or Fraudulently completes Sickness Absence Return 	<p>Employee has Right of Appeal</p> <p>↓</p> <p>If no improvement during 6 months consider moving to Stage 2</p> <p>↓</p> <p>If there is only marginal improvement after 6 months reissue formal warning and extend improvement plan/monitoring in line with this</p> <p>↓</p> <p>Employee has Right of Appeal</p> <p>↓</p> <p>FORMAL PROCEDURE STAGE 2</p> <p>Arrange formal meeting (48 hours notice)</p> <p>↓</p> <p>At end of meeting:</p> <p>Confirm decision and action points in writing</p> <p>Set up final attendance improvement programme</p> <p>Issue final warning to employee (explain outcome if employee fails to meet standard required)</p> <p>↓</p> <p>Employee has Right of Appeal</p> <p>↓</p> <p>If no improvement during 12 months consider moving to Stage 3</p> <p>↓</p> <p>If only marginal improvement after 12 months:</p> <p>Re-issue final warning</p> <p>Extend improvement plan/monitor in line with this</p> <p>FORMAL PROCEDURE STAGE 3</p> <p>Write to employee giving at least 10 working days notice of Formal Medical Incapacity Hearing. Convene Panel</p> <p>↓</p> <p>Panel makes decision</p> <p>↓</p> <p>Employee informed of outcome and Right of Appeal</p>	<p>Explore possibility of employee returning to work or being redeployed to suitable alternative work or Ill Health Retirement referral</p> <p>↓</p> <p>If appropriate depending on circumstances a first or final warning could be given by a supervisor to highlight that the level of attendance is unacceptable and provide advance warning that continued absence could result in termination of employment</p> <p>↓</p> <p>If appropriate depending on circumstances a medical incapacity hearing may be called to determine the individual's employment with the CCG.</p>

APPENDIX 3

SHORT-TERM SICKNESS INTERMITTENT PERSISTENT ABSENCE

REQUEST TO ATTEND INTERVIEW: SICKNESS RECORD

Dear

INTERVIEW: SICKNESS RECORD

I am writing to inform you that you are required to attend an interview with onat a.m./p.m., which will be held at

The purpose of this interview will be to further consider your sickness record which is still considered to be unsatisfactory and to discuss ways in which this can be improved.

This is a formal interview in accordance with the CCG's approved Attendance Management Policy.

You are entitled, to be accompanied at the meeting by either a Trade Union representative or Work Colleague. If you choose to be accompanied at the meeting you must make the appropriate arrangements.

Yours sincerely

MANAGER

APPENDIX 4

SHORT-TERM SICKNESS INTERMITTENT PERSISTENT ABSENCE

CONFIRMATION OF DECISIONS/AGREEMENTS ARISING FROM INTERVIEW: SICKNESS RECORD

Dear

INTERVIEW: SICKNESS RECORD

I am writing with reference to the interview on..... where details of your sickness record over the past months were discussed. You were accompanied at the meeting by

The purpose of the interview was to further consider your sickness record and to look at ways in which this could be improved. I explained to you the importance of your attendance at work and that your recent sickness record was still considered to be unsatisfactory.

OPTION 1:

As agreed, I have made arrangements for you to be referred to the Occupational Health to see if there is an underlying medical reason for your poor attendance, or any limitations on the duties you undertake. You will receive confirmation of an appointment within the next few days.

OPTION 2:

As agreed, I have/will be making arrangements for your work area/situation to be assessed.

OPTION 3:

As agreed, I have made arrangements for you to talk to a member of the HR Service Provider Team who will be contacting you shortly.

OPTIONS 1 & 2 ONLY:

I will arrange a further meeting with you as soon as I have received the report and, in the meantime, will continue to monitor your sickness record.

OPTIONS 1, 2 & 3 ONLY:

In any event, I must advise you that I require from you an immediate and sustained improvement in your attendance and that your sickness record will be closely monitored over the next Months. If this amounts to more than Days or separate occasions of sickness absence the circumstances will be further investigated and a

Medical Incapacity Hearing before the (COO his/her senior nominated representative) Will be arranged in accordance with the CCG's Attendance Management Policy. You were advised at the interview that your employment would be seriously at risk unless there was a sustained improvement in your level of attendance. You should be aware, therefore, that this Hearing may result in your dismissal from the service of the CCG.

OPTION 4:

As discussed during the interview, I am not satisfied with the explanations you have given me for your absences and will be making arrangements for a formal investigatory interview in accordance with the CCG's Disciplinary Procedure.

You are entitled, to be accompanied at the meeting by either a Trade Union representative or a Work Colleague. If you choose to be accompanied at the meeting you must make the appropriate arrangements.

Please acknowledge receipt of this letter by signing the attached copy.

Yours sincerely

MANAGER

I acknowledge receipt of an exact copy of this letter.

Signature: **Date:**

APPENDIX 5

SHORT-TERM SICKNESS INTERMITTENT PERSISTENT ABSENCE

CONFIRMATION OF THE OUTCOME OF THE FORMAL PROCEDURE STAGE 1

FIRST WRITTEN WARNING

Dear

FIRST WRITTEN WARNING

Further to the interview you attended on at which you were accompanied by

The meeting was held to consider your continued sickness absence for the period to

I informed you at your previous interview on that unless there was a sustained improvement in your level of attendance you could be issued with a First Written Warning.

A First Written Warning will remain live on your personal file for a period of twelve months from the date the warning was issued. However, the First Written Warning will remain on your personal file indefinitely. During this period your attendance will be closely monitored, and you will be required to attend a monthly meeting with your Manager to discuss your progress.

Optional

The date and times of these meetings are:

I must re-iterate that an immediate and sustained improvement in your attendance is required and that failure to meet the levels set may result in further action being taken under the Medical Incapacity Procedure.

You have the right to appeal against this decision. Any appeal should be submitted in writing to (COO) within ten working days of receipt of this letter. You have the right to be represented at any appeal by your Trade Union representative or Work Colleague.

Yours sincerely

MANAGER

APPENDIX 6

SHORT-TERM SICKNESS INTERMITTENT PERSISTENT ABSENCE

CONFIRMATION OF THE OUTCOME OF THE FORMAL PROCEDURE STAGE 2

FINAL WRITTEN WARNING

Dear

FINAL WRITTEN WARNING

Further to the interview you attended on at which you were accompanied by

The interview was held to consider your continued sickness absence for the period to

I informed you at the previous interview on, when you were issued with a First Written Warning and a Monthly Monitor, that unless there was an immediate and sustained improvement in your attendance further action may result.

Your monitoring reports show that over the past months your attendance has failed to meet the required standards.

A Final Written Warning will remain live on your personal file for a period of twelve months from the date the warning was issued. However, the Final Written Warning will remain on your personal file indefinitely. Your attendance will also be monitored for a period of twelve months and you will be required to attend monthly meetings with your Manager to discuss your progress.

You have the right to appeal against this decision. Any appeal should be submitted in writing to (COO within ten working days of receipt of this letter. You have the right to be represented at any appeal by your Trade Union representative or Work Colleague.

Optional

The date and times of these meetings are:

I must re-iterate that an immediate and sustained improvement in your attendance is required, and that failure to meet the levels set will place your continued employment with the CCG at risk.

Yours sincerely

MANAGER

APPENDIX 7

FOLLOWING FORMAL INTERVIEW – LETTER TO ARRANGE MEDICAL INCAPACITY HEARING CONFIRMING INTENTION TO RECOMMEND TERMINATION OF EMPLOYMENT ON THE GROUNDS OF MEDICAL INCAPACITY

Dear

MEDICAL INCAPACITY HEARING

Following the further interview of to consider your sickness record, your level of sickness absence has continued to be closely monitored. You were advised at the last interview and in my previous letter of that your employment with the CCG would be seriously at risk unless there was a sustained improvement in your level of attendance.

Your sickness record is still considered to be unsatisfactory and the matter will now be referred to a Medical Incapacity Hearing in accordance with the CCG’s Managing Attendance Policy.

Having taken advice from Occupational Health, considered *reasonable adjustment(s) in accordance with the Equality Act and the possibility of suitable alternative employment*, the demands and needs of the service, and having taken account all relevant factors including your views, I regretfully advise you that I propose to recommend to the Panel that your employment be terminated on the grounds that, in the light of your sickness record, I do not consider that you are able to give a regular, reliable or sustained level of attendance to the CCG.

Your case will be considered at a Medical Incapacity Hearing by On at a.m./p.m., at

You are entitled, if you wish to be accompanied by either a Trade Union representative or Work Colleague.

Please sign the enclosed duplicate of this letter indicating your views and whether you wish to attend in person, be represented at the hearing, or to submit your views in writing.

Non attendance will not affect your right of appeal against any decision made by the Chair of the Panel.

Yours sincerely

Encl.

Name:

Section:

I acknowledge receipt of an exact copy of this letter. My intentions are as follows:

T. I do/do not wish to attend the Medical Incapacity Hearing on
..... My reason for this decision is
.....
.....
.....
.....

2. I do/do not wish to send a Trade Union representative or Work Colleague to attend the hearing in my place.

3. I do/do not accept the recommendation of my Line Manager that I am no longer 'employable' due to medical incapacity, without prejudice to the outcome of any Medical Incapacity Hearing.

I reserve the right to change my mind, and to exercise my right of appeal against a decision to terminate my employment at the Medical Incapacity Hearing within ten days of the notification of the decision taken at the Hearing.

Signature: **Date:**

*** Delete phrase in italics if alternative employment and/or reasonable adjustment was not recommended or was not appropriate.**

APPENDIX 8

MEDICAL INCAPACITY HEARING

Date of Hearing: Time: Venue:

Employee: Designation:

Department:

Persons Attending:

Panel:

Mgt. Reps:

T.U. Reps:

Employee Details:

Age: Date of Birth:

Address:

.....
.....

Date of Commencement of Employment: Payroll Ref:

Background Information:

Dates of Line Manager Interviews:

Dates of People Services interviews::

Dates of O.H. Appointments:

Dates of Sickness Absence from Work: From To:

.....

Length of Absence(s)::.....:.....

Nature of Incapacity for each occasion:

Other Information:

.....

Medical Advice:

Attach copy of OH Report:
.....
.....

Consideration of Alternative Employment:

Departmentally (give dates, posts considered and any action taken):
.....

Corporately (give dates, posts considered and any action taken):
.....

Demands and Needs of Service Considerations:
.....
.....

Details of Consultation with Employee:

(Dates/Outcomes):.....
.....

Employees Views (as understood by Manager/Supervisor):
.....
.....

Further Information:
.....

Decision of the Panel:
.....
.....

Signed: Date:

Chair of Medical Incapacity Panel

APPENDIX 9

SHORT-TERM/INTERMITTENT PERSISTENT SICKNESS ABSENCE

LETTER TO CONFIRM THE OUTCOME OF THE MEDICAL INCAPACITY HEARING

Dear

MEDICAL INCAPACITY HEARING

OPTION 1

I am writing to you in connection with the Medical Incapacity Hearing which took place on at which you were accompanied by To consider the recommendation that your employment be terminated on the grounds that, in the light of your sickness record, you are not able to give a regular, reliable or sustained level of attendance to the CCG.

I confirm the decision which was given to you at the Medical Incapacity Hearing held on that, in view of the available evidence and the medical advice, your employment with the CCG will be/is terminated on the grounds of Medical Incapacity with effect from

Any outstanding monies owed to you as at (Date of Dismissal), including payment for any accrued annual leave, will be forwarded to you, together with your P45.

I must advise you that you have the right of appeal against your dismissal. If you wish to exercise this right you must submit your notice of Appeal, in writing, to the COO, Wigan Borough CCG, Wigan Life Centre, 1 College Avenue, WN1 1NJ, within ten working days of receipt of this letter. You have the right to be represented at the Appeal by a Trade Union representative or work colleague. You have the right to be represented at the Appeal by a Trade Union representative or accompanied by Work Colleague. If you have twelve months continuous service you also have the right to appeal against dismissal to an Employment Tribunal for unfair dismissal.

OPTION 2

I am writing to you in connection with the Medical Incapacity Hearing which took place on at which you were accompanied by

The Panel have decided in this instance that your monitor be extended for a further Months. The Final Written Warning will also be extended for the same period. You are expected to co-operate with Management to facilitate the continued improvement in your attendance record.

However, you must be aware that any further absences could render you liable to further action being taken under the Medical Incapacity Procedure, which could lead to the termination of your employment.

A Final Written Warning will remain live on your personal file for a period of twelve months from the date the warning was extended. However, the Final Written Warning will remain on your personal file indefinitely. Your attendance will also be monitored for a period of twelve months and you will be required to attend monthly meetings with your Manager to discuss your progress.

You have the right to appeal against this decision. Any appeal should be submitted in writing to (COO) within ten working days of receipt of this letter. You have the right to be represented at any appeal by your Trade Union representative or Work Colleague.

I would be grateful if you would sign the enclosed duplicate of this letter and return it to me as soon as possible.

Yours sincerely

I acknowledge receipt of an exact copy of this letter.

Signature: **Date:**

APPENDIX 10

TEMPORARY INCAPACITY LONG TERM ABSENCE

LETTER TO CONFIRM THE OUTCOME OF THE MEDICAL INCAPACITY HEARING

Dear

MEDICAL INCAPACITY HEARING

I am writing to you in connection with the Medical Incapacity Hearing which took place on at which you were accompanied by to consider the recommendation that your employment be terminated on the grounds that, in the light of your continuous sickness record you are not able to give a regular, reliable or sustained level of attendance to the CCG.

I confirm the decision which was given at the Hearing held on that, in view of the available evidence and the medical advice, your employment with the CCG will be/is terminated on the grounds of Medical Incapacity with effect from

Any outstanding monies owed to you as at (date of dismissal) including payment for any accrued leave will be forwarded to you, together with your P45.

I must advise you that you have the right to appeal against your dismissal. If you wish to exercise this right you must submit your notice of Appeal, in writing, to the COO, Wigan Borough CCG, Wigan Life Centre, 1 College Avenue, Wigan , WN1 1NJ, within ten working days of receipt of this letter. You have the right to be represented at the Appeal by a Trade Union representative or accompanied by Work Colleague. If you have twelve months continuous service you also have the right to appeal against dismissal to an Employment Tribunal for unfair dismissal.

I would be grateful if you would sign the enclosed duplicate of this letter and return it to me as soon as possible.

OPTIONAL

On behalf of the CCG, I wish to express my sincere appreciation for the services you have rendered and wish you well for the future.

Yours sincerely

COO

I acknowledge receipt of an exact copy of this letter.

Signature: Date:

APPENDIX 11

Individual Work Related Stress Risk Assessment Form

Page 1 of 2

Hospital / Site: **Department:** **Date:**

Individual Assessment For:

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

The 6 Work Related Stress Factors (HSE 2005)	Hazard Identified	Remedial Action			
		Already Taken		To Be Taken	
		Action	Sufficient Yes / No	Action	Date Completed
2) Control <ul style="list-style-type: none"> ▪ Staff involvement ▪ Work / Life Balance ▪ (Flexible Working) ▪ Problem Solving ▪ Working Time Regulations 					

Individual Work Related Stress Risk Assessment Form

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

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

APPENDIX 12

SICKNESS ABSENCE SELF CERTIFICATE

Self-certification is required from the first day of sickness absence to cover the first seven days of absence, after which a doctor’s medical certificate will be required.

PRIVATE AND CONFIDENTIAL

Note: Please use Block Capitals

PERSONAL DETAILS

Name:

Department:

Job Title :

PERIOD OF SICKNESS

First day of absence:

Last day of absence:

Date of return to work:

DETAILS OF SICKNESS/ INJURY

I was unfit to attend for work for the following reason:
(please be specific e.g. influenza, rheumatism, injury at work etc. It is not acceptable to state sick or unwell)

.....

DECLARATION

I declare that I have not worked during the period of sickness absence stated above and that the information given is factually correct.

Employee’s signature Date

Please return the completed form to your line manager.

APPENDIX 13

Return To Work Interviews - Guidance For Managers

This guidance document has been compiled to support line managers in conducting Return To Work (RTW) Interviews with employees following ANY period of sickness absence (including absence for one day).

This document includes the following information:

1. Introduction
2. Staff and Management Responsibilities
3. Confidentiality
4. Preparation
5. Conducting the Interview
6. Following the Return to Work
7. Return to Work Form
8. Managers Checklist

1. Introduction

The RTW process is there to ensure employees are fit to return to work and to ascertain if any additional support is required to maintain full attendance. The approach to these discussions is to counsel, to find solutions to any problems highlighted, and agree joint action plans to improve attendance. The RTW meeting is also an opportunity to welcome the employee back to work, ensure they are updated on any communications/activities which may have taken place during their absence.

RTW Interviews should be supportive, however need to emphasise the importance the organisation places on full attendance and the pressure this can place on service capacity. In this way, the Return to Work is an effective management tool for managing short term sickness absence levels.

2. Staff and Management Responsibilities

We require line managers to conduct a RTW interview with all employees following an instance of sickness absence, regardless of absence duration. It is important that managers adopt a consistent approach to all staff.

Employees are expected to participate in the RTW interview and discuss the reasons for their absence and their ability to attend work.

3. Confidentiality

All information discussed during a RTW interview is confidential between the manager and employee, and should not be discussed with any third parties. RTW forms are to be considered as confidential documents, and treated in accordance with Information Governance guidelines. Forms completed at a return to work interview will be stored on an employee's personal files, which are kept securely.

4. Preparation

Where possible, the RTW interview should take place on the first day of return. If the line manager is not available for the first day, the interview can be delegated to another appropriate manager. The meeting should be held in a suitable, private room where the interview will not be disturbed and the employee feels comfortable.

The manager conducting the interview should have gathered the following information;

- The employee's recent attendance record
- Copies of any occupational health reports
- Any notes from previous absence related meetings
- Sick pay entitlements
- The relevant Absence Policy including Trigger Points

5. Conducting the interview

The manager should approach the interview in a genuine spirit of enquiry and support, and create an atmosphere of trust. It may be useful for managers to use the following mnemonic WARM as a reminder of the overall approach.

W	<i>Welcome</i> the employee back, tell them that you are pleased that they are feeling better, and that they are valued and missed. It is important to put them at ease and ensure their motivation.
A	<i>Absence</i> , explore the reasons for the absence and ensure that they are fit to return. Discuss if there are any underlying problems and offer support.
R	<i>Responsibility</i> , ask if the absence is expected to recur and reinforce the importance of attendance

M	<i>Move on</i> , agree any support they need, and focus on the work they will be doing going forward
---	--

During the interview, the manager should refer to any information on previous absences and where appropriate draw attention to any patterns or trends. Possible causes of absenteeism can be looked into i.e. is it related to work, to home, family difficulties, and offer any appropriate support. The manager should also show sensitivity of the absence relates to a serious illness or personal problem, and if explain to the employee the staff support options available to CCG staff. Options to support the employee on their return from long term sickness absence and continued attendance should be explored with the employee;

- Flexible working arrangements
- Phased Return (following long term absence)
- Adjustments to role/work place environment (*where possible*)
- Reduced contracted hours
- Staff counselling service
- Occupational Health referral

The manager should also raise awareness around the employee's absence record and ensure the employee understands how their record fits with policy trigger levels and possible course of action or support in the event of triggers being hit.

If the employee has exceeded any of the triggers outlines in the relevant Sickness Absence Policy, the manager should seek guidance from HR.

Where a manager believes an absence is not genuine, it is important to avoid confrontation and keep to the facts. If there is any contradictory evidence for the absence reason given, the manager can ask the employee further questions to explain. If there is reasonable evidence that an employee's absence was not genuine sickness, this must be investigated in accordance with the Disciplinary Policy and managers are advised to contact HR.

It is important to end the RTW on a positive note, and managers should bring the meeting to a close by updating the employee on any news or changes in the department, and reiterate their welcome.

6. Following the Return To Work

Following each Return to Work Discussion the employee will receive a signed copy of the Return to Work Discussion document which is completed by the manager during the meeting. The original copy of the return to work discussion template will be placed on the employee's personal file.

7. Return to Work Interview Form

This form should be completed during the Return to Work Interview with the employee. If any further information / guidance are required please speak to your HR advisor.

Section 1 – Personal Details			
Title:		Name:	
Surname:		Job Title / Band:	
Department:		Assignment:	
Section 2 – Sickness Reporting			
Did the employee follow the correct reporting procedure:		Yes	No
If No, why not:			
Name / Relationship of Caller:			
Date of call:		Time of call:	
Likely duration of absence:		First day of sickness:	
Reason for absence:			
Any further action (e.g. visit to GP):			
Section 3 – Sickness Record			
No. days absence in last 12 months: <i>(half day absences will also count)</i>		Periods of absence in last 12 months: <i>(half day absences will also count)</i>	
Details of previous absences in last 12 months (dates, no. days, reasons):			
1.		4.	
2.		5.	

3.		6.	
Any identified patterns:			
Details of any trigger points met:			
Details of formal meetings / sickness notifications relating to absence:			
Section 4 – Return to Work			
1 st date of absence:		Return to work date:	
Last day of sickness:		Number of working days lost:	
Total number of days sick:			
Was the absence for longer than 7 days: <i>(1 to 7 days a Self-Certification form must be completed, 8 days + a GP/Medical certificate must also be provided)</i>	Yes	No	
Did the employee seek medical advice:	Yes	No	
If Yes, what was the advice:			
Has the employee been off for the same reason previously: <i>(If Yes, an Occupational Health referral may be required for further information)</i>	Yes	No	
Is an Occupational Health Referral required: (who will do this / date to be completed by)			

Was the absence due to a work related issue: (accident/injury/ill health)
Is the absence related to pregnancy: (has a pregnancy risk assessment been carried out)
What action did the employee take to aid recovery: (any medication taken)
Is the employee fully recovered: (are they still taking medication)
Does the employee have any concerns they wish to address:
Are any temporary adjustments required: (amended duties / phased return)
Any further support required: (including details of who is responsible and any dates)
Details of any updates during employee absence:

Have the trigger points been hit and if so, what are the next steps:			
Any other information:			
6 – Signatories			
Name of Manager:		Name of Employee:	
Position held:		Position held:	
Signature:		Signature:	
Date:		Date:	

ONCE SIGNED PLEASE PROVIDE THE EMPLOYEE WITH A COPY AND PLACE A COPY ON THEIR PERSONNEL FILE

8. Manager's Checklist

As part of the Return to Work Interview, please ensure that you have considered the following;

If a trigger point has been met, have you: *(please circle)*

- Invited (by letter) to a formal absence meeting? Yes / No

Has the employee been offered any of the following services: *(please circle)*

- Occupational Health Department
Accepted? Yes / No
- Staff Support Services
Accepted? Yes / No

If the absence was pregnancy related, have you: *(please circle)*

- Carried out a risk assessment Yes / No
- Sought HR advice Yes / No

If the absence was related to a work place accident, have you: *(please circle)*

- Ensured an accident form has been completed Yes / No
- Reported as a RIDDOR where necessary Yes / No

If the absence was related to work place stress, have you: *(please circle)*

- Carried out a risk assessment Yes / No