

**BARNSELY CLINICAL COMMISSIONING
 GROUP**

MANAGING SICKNESS ABSENCE POLICY

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**THIS POLICY HAS BEEN SUBJECT TO A FULL EQUALITY IMPACT
ASSESSMENT**

MANAGING SICKNESS ABSENCE POLICY

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PART 1 - POLICY

1. POLICY STATEMENT

- 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. This document also sets out guidance to employees and managers about their responsibilities in relation to Sickness Absence Management.
- 1.4 This procedure should be read in conjunction with the Sickness Absence section contained within Agenda for Change terms and conditions.
- 1.5 This procedure will apply to all employees.

2. PRINCIPLES

2.1 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

- 2.2 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.
- 2.3 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.

- 2.4 Confidentiality will be maintained in all aspects of absence management and records will be kept in line with the Data Protection Act.
- 2.5 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.
- 2.6 The organisation recognises that, on occasion, anyone may become unwell or subject to emergency absences, however regular attendance at work is a contractual requirement.
- 2.7 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.
- 2.8 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.
- 2.9 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 and Occupational Health.
- 2.10 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.
- 2.11 Employees may be accompanied by a trade union representative or work colleague at any formal meeting in connection with their absence.

3. RESPONSIBILITIES

3.1 Manager Responsibilities

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

- Ensuring that they are familiar with this policy and their obligations in relation to the management of the policy.
- Communicating appropriately with absent employees.
- Dealing with any actions in a timely manner, balancing the needs of the individual with those of the organisation, and ensuring that relevant sickness notification forms are completed and submitted in line with agreed procedure.

- Maintaining and retaining accurate records of all absences in line with the data protection act.
- Conducting effective return to work meetings after each individual episode of sickness and formal absence review meetings where required.
- Maintaining appropriate levels of confidentiality at all times.
- Making Occupational Health referrals as appropriate.
- Attending any training provided on policy updates, and/or legislation.
- Identifying 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.
- Referring any cases of suspected fraud to the CCG's Counter Fraud Specialist for further investigation.

3.2 Employee Responsibilities

Employees are expected to:

- 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, completing and submitting relevant sickness notification as specified and within time frame.
- Attend an appointment with a medical practitioner nominated by the organisation, where appropriate.
- Comply with all requirements of the sick pay scheme.
- Attend review meetings, and return to work meetings with the appropriate manager when discussing periods of absence or planning a return to work, reasonable adjustments or alternative employment.

3.3 Trade Union Responsibilities

- Representing members in the procedure and providing support and advice;
- Working in partnership with management, HR and Occupational Health to ensure employees are treated fairly and consistently;
- Articulating the issues and suggesting solutions.

3.4 Accountability

The Chief Officer is accountable for this policy.

The Governing Body is responsible for formal approval of this policy.

4. GENERAL POINTS

- 4.1 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 and legal 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) Cases of suspected fraud will be referred to the CCG's Counter Fraud Specialist for further investigation, which may result in criminal proceedings.

- 4.2 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.
- 4.3 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 Occupational Health advice.
- 4.4 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 underlying 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. Should the employee incur a cost in obtaining a doctor's certificate, then this will be reimbursed by the organisation.

5. SCHEME OF DELEGATION

- 5.1 The table below outlines the CCG scheme of delegation specific to the stages and actions associated within this policy.

Informal procedure	Line manager or equivalent level manager from elsewhere within the organisation
Formal procedure: First Stage Formal Meeting Second Stage Formal Meeting Third 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
Appeal following formal procedures above	Line manager's manager or equivalent who has not previously been involved or implicated
Formal Procedure: Final Formal Meeting	Chaired by an appropriate member of the Senior Management Team 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
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6. EQUALITY

6.1 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, in addition to offending background, trade union membership, or any other personal characteristic.

7. MONITORING & REVIEW

7.1 The policy and procedure will be reviewed periodically by the Equality and Engagement Committee in conjunction with trade union representatives, staff and the CCG's Counter Fraud Specialist. Where review is necessary due to legislative change, this will happen immediately.

PART 2 - PROCEDURE

1. 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 one hour of their normal starting time. The employee must make contact. The only exception is where it is clearly not possible for employees to make contact personally, such as admission to hospital.

1.2 Employees should wherever possible talk directly to their line manager. Alternative methods of communications such as text messages, e-mail or leaving messages with anybody else should not be used unless there are exceptional circumstances. If the line manager is unavailable, then the employee should contact an alternative nominated manager.

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

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 during the period of absence. This will enable managers to better plan and allocate work.

1.5 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.

1.6 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

Evidence of Incapacity for work

- 1.7 For absences lasting seven calendar days or less, on the first day back at work, employees will be required to complete a Sickness Self-Certificate. This is available on the organisation's intranet or from Human Resources. This should include the reason for absence. The Certificate must be countersigned by a manager and subsequently will be kept in a confidential file.
- 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 is normally retained by the line manager and the absence recorded on the appropriate staff absence record form.
- 1.9 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.
- 1.10 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.
- 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 For reporting purposes, reports will show long-term absence as at least 28 calendar days.

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.

Whilst *not fit to work* it is not permissible to undertake work secondary work for another employer and/or voluntary organisation in any capacity unless agreed by the CCG.

Employee Occupational Sick Pay Entitlements

- 1.14 The amount of paid sickness leave entitlement depends on length of service, as outlined below:
- | | |
|---------------------------------------|---|
| • During 1st year of service | One months' full pay and two months' half pay |
| • During 2nd year of service | Two months' full pay and two months' half pay |
| • During 3rd year of service | Four months' full pay and four months' half pay |
| • During 4th and 5th years of service | Five months' full pay and five months' half pay |
| • After 5th year of service | Six months' full pay and six months' half pay |
- 1.15 The period during which sick pay is paid and the rate of sick pay for any period of absence is calculated by deducting from the employee's entitlement, on the first day of absence, the aggregate periods of paid sickness during the 12 months immediately preceding that day.
- 1.16 Sick pay will be calculated on the basis of what the individual would have received had they been at work. It will include regularly paid supplements, including any recruitment and retention premia and payments for work outside normal hours. It will be based on the previous three months at work or any other reference period that may be locally agreed.
- 1.17 Full pay is inclusive of any statutory benefits. Half pay plus statutory sick pay will not exceed full pay.
- 1.18 For the purpose of calculating entitlement to sick pay, a previous period or periods of NHS service will be counted towards the employee's entitlement to sick leave with pay where there has been a break, or breaks, in service of 12 months or less.
- 1.19 In the event of employment coming to an end, entitlement to sick pay ceases from the last day of employment.
- 1.20 Absence for planned elective medical treatment, which is for cosmetic reasons alone, must be taken as annual leave and not sick leave.

Where planned medical treatment has a cosmetic and health improvement purpose, absence should be reported as sick leave.

Occupational Sick Pay Conditions

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

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

- 1.23 The period of full or half sick pay 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.

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

- 1.24 Sick pay is not normally payable for an absence caused by an accident due to active participation in sport as a profession, or where contributable negligence is proved.
- 1.25 An employee who is absent as a result of an accident is not entitled to sick pay if damages are received from a third party. Under these circumstances the employee will be advanced a sum not exceeding the amount of sick pay payable under this scheme providing the employee repays the full amount of sickness allowance when damages are received. Once received, the absence will not be taken into account for the purposes of the scale set out in 1.13 above.

2. SICKNESS DURING ANNUAL LEAVE

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

For information, a serious interruption of annual leave would be deemed as four or more days of continuous illness.

- 2.2 If an employee is absent on sick leave and has pre-booked annual leave then they must notify their manager as soon as possible of the nature of the leave, otherwise it will be assumed that the annual leave is being taken. If the employee intended to spend time at their normal place of residency then the leave may be credited back upon receipt of appropriate medical statements/doctors notes.
- 2.3 If the employee intends to spend more than one night away from their normal place of residency whether it be overseas or in the UK, then the employee must provide a written statement from a medical practitioner advising that the holiday would be beneficial to their condition or recovery, and in no way would aggravate or cause detriment to the illness/injury. 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.
- 2.4 Where the request to continue with a pre-booked holiday is not supported by a medical practitioner, then annual leave should be taken.
- 2.5 Employees will not be entitled to an additional day off if they are sick on a statutory holiday.

3. SHORT TERM ABSENCE

- 3.1 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, managers will discuss this with employees at the return to work meeting 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. This will provide an opportunity to discuss informally the employee's health status, required improvements in attendance and the time period in which any improvements should be achieved.
- 3.2 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
 - 12 days absence in any rolling 12 month period
- 3.3 Where an employee's attendance fails to improve and reaches a trigger, a formal meeting will be held with the individual - please refer to section 5: Scheme of Delegation. The purpose of the meeting is for the manager to investigate the reasons for this continued absence and 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.
- 3.4 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.
- 3.5 At any stage during this process, it may be appropriate to seek advice from an organisation appointed medical practitioner or Occupational Health service.
- 3.6 Employees are entitled to have a staff side representative or work place colleague not acting in a professional capacity to accompany them to any of the formal stages of this procedure if they so wish.
- 3.7 If at any stage the employee achieves a better attendance record than is required by a warning, no further action will be taken. The manager will continue to monitor the level of attendance or pattern of absence.
- 3.8 Prior to formal action being taken advice must be sought from Human Resources.

4. LONG TERM ABSENCE

- 4.1 Long-term absence is classed as absences of at least 28 calendar days.
- 4.2 In all cases of long term absence, Occupational Health advice must be sought. This will be facilitated via the HR representative.
- 4.3 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. These may include rehabilitation and return to work requirements, redeployment and ill-health retirement. 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. The line manager may also be accompanied. The frequency of such meetings will depend upon the circumstances of the individual case.
- 4.4 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.
- 4.5 The first formal stage of this process should take place no later than the 3 months stage, or when full sick pay is due to expire if this is earlier. This meeting should be held in line with Section 5 - Scheme of Delegation.
- 4.6 The purpose of this meeting is to allow all parties to consider a range of options that may be available. These options could include, but are not 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.
- 4.7 Where an individual continues to remain absent from the workplace through ill health, they will progress through the stages indicated in Section 5 - Scheme of Delegation.
- 4.8 Employees who fail to attend review meetings, and formal meetings may still be subject to the various sanctions contained within this policy.

5. ONGOING MEDICAL CONDITIONS

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 / Occupational Health 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.
3. **Final Review Panel** - if the individual's substantive post is not suitable due to their ill health and the above stages have been unsuccessful in supporting the employee to resume full duties, the Final Review Hearing is the next stage (See appendix 1).

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

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

6. RETURN TO WORK MEETING

- 6.1 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.
- 6.2 The discussion should allow for an exchange of information and be as frank and as open as possible as this will prevent any misunderstandings concerning the nature of the absence. Managers should also take this opportunity to discuss any patterns or trends of absence that may emerge.
- 6.3 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.
- 6.4 Notes and outcome of the meeting will be agreed and retained on file.

7. OCCUPATIONAL HEALTH SERVICES

- 7.1 In all cases of long-term absence, managers are expected to make a referral, via the HR representative, 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.
- 7.2 Where there is doubt regarding an employee's ability to return to work on a permanent basis advice must be sought from the Occupational Health Service. Employees may be eligible to ill-health retirement benefits if they have two years continuous membership of the NHS Pension Scheme. Ill-health retirement may be discussed with the individual during the review meetings.
- 7.3 Employees must make themselves available to attend Occupational Health referrals (this may include home visits by an Occupational Health representative or the attendance at an Occupational Health Office). However, due regard should be made to the accessibility of the location in relation to the nature of absence. Following the referral, Occupational Health 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.
- 7.4 In some cases it may be more appropriate for Occupational Health to contact a third party for a medical opinion e.g. GP, Consultant etc. and consent must be obtained from the employee concerned. In these cases, any information provided by a third party is always disclosed to Occupational Health and not to management. Occupational Health will then provide management with a written summary of information provided which is pertinent to the employee's ongoing employment. Employee consent is not required for the release of this report.
- 7.5 Occupational Health may recommend appropriate treatment, such as physiotherapy or cognitive behavioural therapy, in supporting staff to remain in work, or return to work, at the earliest opportunity.

8. DISABILITY RELATED ABSENCE AND REASONABLE ADJUSTMENTS

- 8.1 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.
- 8.2 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
- 8.3 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.
- 8.4 Where there is a lack of understanding, on any part, if the absences are linked to a disability Occupational Health advice should be sought at the earliest opportunity.

9. SUBSTANCE MISUSE

- 9.1 Where an employee's absence is as a result of a suspected or admitted substance misuse problem, they should be offered the appropriate support to overcome this.

10. RETURNING TO WORK

- 10.1 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.
- 10.2 This may include making reasonable adjustments to the employee's job, allowing a phased return to work, or by allowing the employee to return to work on a reduced or alternative hour's basis.

Phased Return

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

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

Redeployment

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

Temporary Injury Allowance

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

Ill Health Retirement

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

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

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

This option should be discussed with 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.

Dismissal on the Grounds of Capability

- 10.11 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.

In cases of short-term absence, managers must also consider the potential loss of specialist knowledge / an experienced member of staff, the cost of replacing the employee, whether or any flexible working arrangements could be accommodated in order to retain the skill and knowledge in the organisation.

- 10.12 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 in line with the Scheme of Delegation and will be attended by the employee in question, their line manager and a Human Resources representative.
- 10.13 Prior to this meeting the employee will receive a copy of the report, detailing the case history to date and considerations taken into account (eg Equality Act, implications, suitable alternative employment, ill health retirement) together with all other relevant documents, made to the person authorised to dismiss.
- 10.14 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.
- 10.15 Following the meeting the employee will be given a letter confirming the reason for dismissal, the date of dismissal, their right to appeal, details of any payment in lieu of contractual notice and any other outstanding payments to which they are entitled e.g. annual leave.

- 10.16 After investigation, consultation and consideration of other alternative posts, and where there is no reasonable prospect of the employee returning to work, the CCG may terminate employment before the employee has reached the end of the contractual paid sick absence period, plus payment in lieu of contractual notice and any outstanding annual leave.

11. MATERNITY RELATED ABSENCE

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

12 MEDICAL SUSPENSION

There may be exceptional instances when it is appropriate to medically suspend an individual from work e.g. where an employee presents for work and a manager suspects they are unfit to carry out their duties. During the suspension the employee will receive full pay based on their notional working rota/pattern. Advice should always be sought from Human Resources if this situation should arise.

13. APPEAL

- 13.1 Employees do not have the right of appeal against informal action e.g. implementation of an action plan.
- 13.2 Employees do have the right of appeal against any formal action taken up to and including dismissal, in addition to redeployment.
- 13.3 Employees may appeal by writing to the appropriate manager in line with the Scheme of Delegation, giving clear reasons for the grounds of appeal. This must be done within 10 working days of any action being taken.
- 13.4 The manager to whom the appeal is addressed will identify an appeal panel in line with the Scheme of Delegation and a hearing will take place



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APPENDIX 1

Stages of the formal process relating to managing sickness absence

	Period of Absence	Improvement Target	Action	Decision
First Stage Formal meeting	If the employee has had 4 occasions, or 12 days absence in any rolling 12 month period they will be required to attend a formal meeting.	During the next 12 months, if the employee has a further 3 occasions or 10 days absence in total, 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. Will remain on file for 12 months. Right of appeal.
Second Stage Formal Meeting	From the date of the first stage meeting, if the employee has had 3 occasions or 10 days absence in total, they will be required to attend a second stage formal meeting	During the next 12 months, if the employee has a further 3 occasions or 10 days in total, 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. Will remain on file for 12 months. Right of appeal
Third Stage Formal Meeting	From the date of the second stage meeting, if the employee has had 3 occasions or 10 days absence in total, they will be required to attend a third stage formal meeting	During the next 12 months, if the employee has a further 3 occasions or 10 days in total, they will progress to the final 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. Will remain on file for 2 years. Right of appeal

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<p>Final Review Panel</p>	<p>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</p>	<p>If the employee hasn't met the improvement notification issued at stage 3 consider review or reissuing of improvement targets</p>	<p>Final review hearing: Review absence record, actions taken to support improvement and any supporting medical advice. Alternatives to dismissal will be discussed including redeployment</p>	<p>Decision in writing, copy kept on personnel file. Possible outcome- Dismissal Right of appeal</p>
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*Please note – Triggers should be pro rata for part time employees and calculated on contractual days



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Equality Impact Assessment

Title of policy or service:	Managing Sickness Absence Policy	
Name and role of officer/s completing the assessment:	Head of HR and Heads of Governance and Assurance	
Date of assessment:	September 2017	
Type of EIA completed:	Initial EIA 'Screening' <input checked="" type="checkbox"/> or 'Full' EIA process <input type="checkbox"/>	<i>(select one option - see page 4 for guidance)</i>

1. Outline	
<p>Give a brief summary of your policy or service</p> <ul style="list-style-type: none"> • Aims • Objectives • Links to other policies, including partners, national or regional 	<p>The overall purpose of the policy is to set out the organisation's approach to the management of sickness absence within the workplace. This document also sets out guidance to employees and managers about their responsibilities in relation to Sickness Absence Management. The aim of the policy is to comply with statutory requirements and NHS Standards and best practice.</p>

Identifying impact:

- **Positive Impact:** will actively promote the standards and values of the CCG.
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact: causes or fails to mitigate unacceptable behaviour. If such an impact is identified, the EIA should ensure, that as far as possible, it is eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

2. Gathering of Information					
This is the core of the analysis; what information do you have that might <i>impact on protected groups, with consideration of the General Equality Duty.</i>					
(Please complete each area)	What key impact have you identified?			For impact identified (either positive or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Carers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Marriage and civil partnership (only eliminating discrimination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other relevant groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
HR Policies only:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Procedure legally compliant and in line with NHS practice	

IMPORTANT NOTE: If any of the above results in 'negative' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

Having detailed the actions you need to take please transfer them to the action plan below.

3. Action plan				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible
No actions have been highlighted	No actions have been highlighted	N/A	N/A	N/A

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	Lead / Reviewing Officers:	Head of HR and Heads of Governance and Assurance	Date of next Review:	September 2019

Once completed, this form **must** be emailed to the Equality Lead barnsleyccg.equality@nhs.net for sign off:

Equality Lead signature:

13 November 2017

A handwritten signature in cursive script, appearing to read "Heidi Reid".