

# **Attendance Management and Wellbeing Policy**

**NHS West Essex Clinical Commissioning Group Policy Reference  
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**DOCUMENT CONTROL SHEET**

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**Change History:**

Version	Date	Reviewer(s)	Revision Description
V1.0		Hannah Preston	Adapted for use as the Shared Service Policy. Reviewed in line with current case law and best practice.

**Implementation Plan:**

<b>Development and Consultation</b>	Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs.
<b>Dissemination</b>	This policy will communicate to staff representatives. It will be communicated electronically to all staff and managers and will be published on the CCG's intranet.
<b>Training</b>	An HR Master Class session in attendance management supports managers to manage attendance in line with this policy
<b>Monitoring and Review</b>	The HR and ODL Shared Service proactively reports to managers: All staff who meet the trigger points set out in this policy and proactively advises managers and record management compliance with this policy, which is reported to the CCG; or The data identified from monitoring will be used to update the policy and ensure best practice as necessary.
<b>Equality and Diversity</b>	17/05 /2017 - Equality Impact Assessment
<b>Associated Documents</b>	<ul style="list-style-type: none"> <li>▪ Annual Leave Policy</li> <li>▪ Special Leave Policy</li> <li>▪ Flexible Working Policy</li> <li>▪ Equality &amp; Diversity Policy</li> <li>▪ Disciplinary Policy</li> <li>▪ Managing Work Performance Policy</li> </ul>

<b>References</b>	<ul style="list-style-type: none"><li>▪ Agenda For Change Part 3 Section 14</li><li>▪ Equality Act 2010</li><li>▪ Employment Rights Act 1996</li></ul>
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**Document Status:**

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## **1.0 Introduction**

- 1.1 NHS Bedfordshire, NHS East and North Hertfordshire, NHS Herts Valleys, NHS West Essex and NHS Luton Clinical Commissioning Groups (respectively referred to as 'the CCG') understand that work is essential to health, well-being and self-esteem.

The CCG recognises the importance of having a robust policy that encourages and facilitates employees to return to work following a period of sickness and to manage and support staff who have underlying health conditions.

## **2.0 Scope**

- 2.1 This policy applies to all employees directly employed by the CCG. It does not apply to temporary or agency employees.
- 2.2 The sickness absence of employees on honorary contracts or secondments should be managed in conjunction with the employing organisation in line with any agreements in force.
- 2.3 Medical and Dental Staff should be managed in accordance with the provisions of Maintaining High Professional Standards in a Modern NHS.

## **3.0 Definitions**

- 3.1 Agenda for Change (AfC) – The NHS terms and conditions of employment handbook.
- 3.2 Informal Attendance Management – Any action taken by a line manager in the management of attendance that is not a formal stage of this policy.
- 3.3 Intermittent (short term) absence – Absence which is short in nature with frequent episodes not connected to a specific long term health condition or pregnancy related condition.
- 3.4 Long Term Absence – Absence which lasts or is expected to last at least 28 calendar days.

- 3.5 Fit Note - A Statement of Fitness to Work typically referred to as a Fit Note will be issued by a GP and certifies whether an employee is fit for work. A fit note may provide suggested adjustments for a return to work for the line manager to consider if the GP assesses an employee *may* be fit for work.
- 3.6 Phased Return to Work – A gradual increase in work duties or hours following an episode of long term absence.
- 3.7 Sickness Notification – The process by which an employee initially notifies the CCG of their absence due to illness.
- 3.8 Local reporting procedures – A team level absence notification processes which may be in place within a team due to the specific needs of that team.

#### **4 Policy Statement**

- 4.1 This document sets out the CCGs policy and procedures for managing sickness absence (and long term health conditions. This policy describes the actions the CCG will take to ensure employees feel supported whilst living with a long term health condition or during periods of long term absence due to illness.
- 4.2 The objectives of this policy are to:
- Maximise employee attendance.
  - Provide a framework for dealing with sickness absence and increasing attendance levels across the CCG.
  - Provide a fair and consistent process for dealing with sickness absence and attendance within agreed timescales. Provide a framework for offering support to employees who are living with long term health conditions or who are on a long term sickness absence.

## **5 Responsibilities**

### **5.1 Line Managers are expected to:**

- Familiarise themselves with the content of this document and fairly and consistently apply the policy.
- Keep accurate and up to date records of attendance and store this information safely and securely, ensuring that payroll are notified of all absence in line with the agreed system in operation at the time.
- Develop a local absence reporting procedure for their area of responsibility, as appropriate.
- Attend training as appropriate to support attendance management.

### **5.2 Employees are expected to:**

- Familiarise themselves with the content of this document.
- Familiarise themselves with the local processes for notifying absence and follow such processes at all times.
- Maintain contact with their manager as appropriate during any period of absence.
- Report any major changes to their health that may have an impact on their ability to carry out the full requirements of their role to their line manager. This is to enable the CCG to make reasonable adjustments where appropriate or where required due to the provisions of the Equality Act.
- Act in a way consistent with the nature of their illness/injury, ensure that they take appropriate steps to facilitate recovery and proactively identify to their manager any negative impact on their health as a result of their work or working conditions.

### **5.3 Human Resources Responsibilities:**

- Maintain and update this policy and any associated guidance as appropriate to ensure they are in line with organisational and legislative changes.
- Provide advice and support to line managers on the application of policy and guidance.
- Provide advice to managers at formal meetings.
- Ensure that appropriate records are maintained of formal proceedings.

## **6.0 Procedure**

### **6.1 Link to Disciplinary proceedings**

Absence due to illness will not be treated as a disciplinary matter. Failure to comply with the requirements set out in this policy, or cooperate with reasonable management requests during the attendance management process, or unauthorised absence, or false claims for sick pay or other misconduct may lead to action under the CCGs disciplinary policy.

Advisory Notices issued under this policy are not part of a disciplinary process.

### **6.3 Grievances**

Any grievances submitted in connection with the use of the policy or during any stage of attendance management should be dealt with separately and concurrently, in line with the CCGs Grievance Policy, and should not delay any attendance management process outlined in this policy.

### **6.4 Occupational Health Referrals**

Employees may be referred by their manager to the CCGs Occupational Health Advisor and are expected to attend such appointments. The Occupational Health Advisor will assess the employee's health in relation to their work and will provide a report to the employee's line manager outlining potential adjustments which could be made to the workplace (temporary or permanent) , options for a phased return to work, or a recommendation of redeployment on health grounds.

If an employee declines to attend an OH appointment or is unable to participate in a telephone consultation, or refuses consent to the release of an OH report to the CCG, the manager may make decisions without the benefit of OH advice.

### **6.5 Working whilst absent from the CCG due to sickness**

Whilst on sickness absence from the CCG, employees should normally refrain from work in any other capacity for any other employer. Any other work undertaken during a period of sickness absence will need to be covered by a 'Fit note'.



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If an employee is found to be working in another capacity whilst obtaining sick pay from the CCG this may be viewed as falsely claiming sick pay, which may result in disciplinary action, up to and including dismissal and may also be referred to the Local Counter Fraud Service.

## **6.6 Unauthorised Absence**

Unauthorised absence occurs when an employee fails to report their absence for one or more days in accordance with the local procedure for reporting sickness absence.

Unauthorised absence may also occur if certification for a sickness absence is not provided, or if an employee fails to maintain appropriate contact with their manager during a period of sickness absence.

Any period of unauthorised absence will be investigated by the Line Manager and may result in Occupational Sick Pay being withheld or in disciplinary action being taken in accordance with the CCG's Disciplinary Policy.

## **6.7 Cosmetic Surgery**

Employees who elect to have cosmetic surgery for reasons other than physical, or mental health considerations will not be entitled to take time off as sickness absence. Annual leave should be arranged to accommodate this type of absence.

## **6.8 Disability and Long Term Health Condition Considerations**

The Equality Act 2010 (the Act) protects employees from unfavourable treatment related to a protected characteristic, including disability. A medical condition that is recurrent and long term (for example a condition that flares up from time to time) may, depending on its effect on the employee, be classed as a disability under the Act. Some medical conditions are specifically defined as being considered a disability under the Act, for example, Cancer. In such cases the CCG has a statutory duty to make reasonable adjustments to the employee's working arrangements in order to help reduce the disadvantage that the employee would otherwise experience. The final decision about whether an adjustment is reasonable rests with the manager and advice can be sought from an HR representative as to how to determine the reasonableness of any adjustment.

An employee who believes they are covered by the provisions of the Act should discuss this with their line manager at the earliest opportunity.

Line managers should consider suggestions for adjustments from employees taking into account the impact of their condition on their ability to carry out their role. Where arise as to the effectiveness of an adjustment suggested by an employee, advice can be sought from your HR representative and/or the CCGs Occupational Health Advisors. Line managers hold the ultimate responsibility to determine whether an adjustment is reasonable.

### **6.9 Sickness due to substance addiction or misuse**

In some cases, sickness absence may be caused by a substance (for example drug or alcohol) related problem. Where this is identified and accepted by the employee, use of the attendance management policy may be inappropriate. Please see the CCG's Drug and Alcohol Misuse Policy for information on how to manage these situations.

### **6.10 Sickness Absence and Annual Leave**

Please refer to the CCG's Annual leave Policy for details about the interaction between sickness and annual leave.

### **6.11 Sickness Absence Notification Process**

In all circumstances, an employee must report their absence from the first day of the absence. This will normally be within an hour of the employee being due to start work, unless otherwise specified in the local absence reporting procedure. Employees will normally be expected to speak to their line manager (or the designated lead for the area in the absence of the line manager). Texting or leaving an answerphone message to inform of sickness absence is not acceptable unless followed up with a telephone conversation with the appropriate manager as above.

This is so that the line manager can ensure that appropriate support is considered at an early stage and wellbeing guidance is given.

### **6.12 Keeping in Touch Process**

Employees and managers should keep in touch as appropriate during any period of sickness absence. Employees are responsible for maintaining adequate contact with their line manager during their absence.

The CCG does not consider submitting fit notes in isolation an adequate level of maintaining contact. Managers and Employees should agree and record how and when they will keep in touch as soon as possible during any absence. In extreme circumstances, employees who fail to maintain contact with their line manager may face investigation in line with the CCGs disciplinary policy for unauthorised absence.

Managers may appropriately contact employees who are absent from work, in order to check any work that may need to be covered; to ascertain the reason and likely duration of absence and any appropriate information relating to the absence; to check the employee's wellbeing; to discuss return to work arrangements, OH referrals and arrange meetings.

### **6.13 Return to Work Process**

Employees should be welcomed back during a Return To Work (RTW) Conversation following any episode of absence due to illness or in connection with a long term health condition.

The purpose of the RTW Conversation is to establish the reason for the absence and whether the employee is fit to return as well as explore any temporary or long term adjustments which might support the employee to maximise their attendance at work. The RTW Conversation may also identify where additional advice is required, for example, from Occupational Health or HR

RTW Conversations should be carried out as soon as practicable, ideally on the first day of return. Where there are time or location challenges to scheduling this dedicated time together employees and managers may agree to have a RTW Conversation by phone followed up with a face to face meeting as appropriate.

For cases of Long Term absence or where there are long term health conditions contributing to intermittent absence, RTW Conversations should be initiated at the earliest opportunity during the absence. A face to face meeting should take place in advance of the employee returning to work.

Records should be kept of RTW Conversations and a form is provided at Appendix 1 for this purpose. The form includes a self-certification section for employees to confirm the reasons for their absence.

During the RTW Conversation, it is important to focus on the impact of the absence as well as the frequency or length of episodes. This policy suggests triggers for managers to intervene where attendance is becoming a cause for concern. Managers should clearly identify whether the impact of attendance is sustainable and set clear expectations and confirm any corrective action required by either party.

If a trigger has been reached, the employee should be notified during the RTW Conversation and this should be dealt with outside of the RTW Conversation.

The RTW Conversation is a good opportunity to discuss the employee's wellbeing and establish any support the CCG could provide to maintain wellbeing and maximise attendance at work.

Employees are encouraged to have an open discussion with their manager about the reasons for their absence and the impact of work on their wellbeing. Managers have a number of tools available to support employees including Stress Risk Assessments, Display Screen Equipment or Workplace Assessments, or Occupational Health Assessments. These can help employees and managers understand the impact of work on wellbeing and establish steps to promote wellbeing. Managers can also signpost employees to other sources of support including local healthcare/wellbeing options and the CCG's Employee Assistance Programme where such a service exists.

Any actions arising out of a RTW Conversation should be recorded and followed up as appropriate. Next Steps could include, but are not limited to:

- Setting a date for a review meeting
- Arranging further assessment through a Stress Risk Assessment, Display Screen Equipment or Workplace Assessment, or Occupational Health Assessment.
- Making adjustments to the work environment or role.
- Setting a target for improvement
- Progressing to the next management stage of the policy.

## **6.14 Medical Certification of Absence**

Where absence exceeds 7 calendar days, medical certification in the form of a fit note or hospital inpatient certificate is required to satisfy the requirements for Statutory and Occupational Sick Pay. A copy of any medical certification should be taken and kept on file by the manager – employees should retain the original document as they may require this for benefits, or other statutory purposes.

The Department for Work and Pensions has issued guidance for employers and line managers entitled 'Getting the most out of the fit note' which advises that the fit note is guidance from the GP and that employees can return to work at any time (including before the end of their fit note) without going back to see their GP – even if the doctor has indicated that they need to assess the employee again. An assessment of the risks involved in a return to work in such circumstances should be carried out during the RTW conversation.

In some cases, a manager may request that a doctor's certificate is obtained from the first day of absence. This requirement shall be put in writing to the employee by the manager. The employee will be reimbursed for the cost of the certificate, following provision of a receipt.

### **6.15 Time off for Medical Appointments**

Please refer to the CCG's Special Leave Policy for details.

### **6.16 Right of Appeal under this Policy**

There is a right to appeal against any formal sanctions under this policy. Appeals should clearly outline the reasons for the appeal and must be made within 14 days of the date of the letter to the employee advising them of the sanction applied.

The procedure for hearing appeals will follow the appeals procedure that is set out in the CCG's Disciplinary Policy.

The decision of the appeal panel will be final.

### **6.17 Intermittent (Short Term) Absence Procedure**

#### **6.17.1 Triggers for further intervention**

The CCG accepts that a certain level of sickness absence will occur throughout the workforce. Managers may maintain ongoing discussions with all employees about their general wellbeing and attendance. However there are occasions when attendance may become a cause for concern and may require a more structured management intervention. This procedure may not be appropriate when dealing with cases of long term or underlying health conditions which should be managed in accordance with the Managing Long Term Absence and Long Term Health Conditions Procedure at section 6.18 of this policy.

The trigger points below are suggested situations where such an intervention might take place rather than a statement that a particular outcome will occur. It may be that in some situations managers are able to accommodate a pattern of attendance outside of a typically acceptable attendance rate. Each situation should be handled individually on a case by case basis and no precedent will be set. Handling situations in this way may also meet the CCGs statutory responsibility to make reasonable adjustments to support those employees meeting the criteria set out in the Equality Act.

The impact of the employee's attendance will take precedence over any trigger point below:

- Any pattern of absence raising cause for concern such as every Friday or absence immediately preceding, or following a period of annual leave. It should be noted that this policy is for use in cases of genuine sickness absence. Where sickness absence is not for genuine ill health reasons, such matters should be dealt with under the Disciplinary Policy.
- Any pattern of absence where the impact of the absence is not managerially sustainable. This could include where an employee meets an acceptable level of attendance during a structured monitoring period which then declines after the monitoring period has concluded.
- Three episodes of absence within a 3 month period.
- 8 days or more absence in a rolling 12 month period.

*(Please note the following applies for East & North Herts CCG only:*  
- *Sickness absence on three occasions in a rolling three month period (regardless of the number of days absent in each episode*

- *Sickness absence for more than ten calendar days in a six month rolling period*
- *Sickness absence for more than fourteen days in a twelve month rolling period)*

If a period of absence reaches or is expected to reach over 28 days in length, the absence will be managed in line with the Long Term Sickness process set out in this policy

### **6.17.1 Informal Stage**

Whilst the CCG understands that there will inevitably be some intermittent sickness absence among employees, it also pays due regard to the needs of the organisation. If an employee is frequently and persistently absent from work, this can damage efficiency and productivity, and place an additional burden on the team. By implementing this policy, the CCG aims to strike a reasonable balance between the pursuit of its organisational needs and the genuine needs of employees to take occasional periods of time off work because of illness.

Where an employee meets a trigger identified in this policy, the manager should meet to discuss the absence, any management concerns, and any support the individual may require. These discussions can take place during a RTW Conversation.

At this early informal stage, consideration should be given to supporting individuals to help them improve their attendance. For example, undertaking a stress risk assessment, discussing temporary changes to work patterns, hours or duties, considering reasonable adjustments, considering flexible working patterns, making a referral to occupational health or advising the employee of the Employee Assistance Programme, where such a service exists.

Alongside these management discussions, there is a formal process (outlined below) designed to provide opportunities for employees to improve their attendance at work, where the absence falls short of the CCGs standards. This process provides a framework within which managers can manage attendance and provide corporate assurance that attendance falling short of the CCGs standards is being managed.

Return to Work Conversations and other informal discussions are critical in establishing with an employee that their attendance may be



becoming managerially unacceptable and the potential consequences of this.

At the informal stage meeting, the manager and the employee should agree the standard to be achieved, or a set target for improvement and set a monitoring period (usually between 6 weeks and 3 months). The employee should be warned that if the targets have not been met, the formal stages of this procedure may be initiated.

### **6.17.3 Formal Stages**

There are two formal stages under the Intermittent Sickness Absence Procedure. The formal stages of the procedure will normally be implemented sequentially, following the informal stage. However, there may be circumstances where a manager will deem it appropriate not to use the informal stage or to start the formal process at Formal Stage 2, particularly when an employee has a pattern of acceptable attendance during a monitoring period but the attendance becomes unacceptable after the Advisory Notice or monitoring period has expired.

The stages are an opportunity for a manager to highlight to the employee where the attendance standards fall short of the CCG's expectations, either in terms of frequency or patterns of absence (for example, absence on Mondays & Fridays or absence taken adjacent to annual leave etc.). They provide an opportunity for employees to explain any factors that are preventing them from meeting the CCGs attendance standards and for the employee and their manager to identify potential support that will facilitate that future attendance meets the CCGs standards. This operates under the basis of an 'Advisory Notice' system designed to highlight to employees that improvement is needed.

### **6.17.4 Intermittent Absence Procedure – Formal Stage 1**

When an employee's attendance continues to be a cause for concern despite informal action, a Formal Stage 1 intermittent attendance review meeting should be held.

The manager should write to the employee inviting them to attend a Formal Stage 1 intermittent attendance review meeting, giving at least 5 working days' notice and indicating that the meeting is being held under Formal Stage 1 of the Intermittent Sickness Absence Procedure.

The letter should:

- Explain the reason for the meeting and advise the employee that they may be accompanied by a workplace colleague/trade union representative.
- Provide an up to date record of attendance and the reasons for absence in the preceding 12 months; and
- Provide details of any occupational health/medical report if there is an indication of an underlying medical condition.

The stage 1 meeting should be led by the employees direct line manager or other nominated representative.

The purpose of the meeting is to consider the absences and any contextual information the individual wishes to put forward in order for the manager to make a decision as to whether or not to issue an Advisory Notice.

Dependent upon the information forthcoming at this interview, a manager may consider issuing an Advisory Notice unless the absences relate to a pregnancy- related condition.

If there is evidence of an underlying health condition, it may be necessary to obtain OH advice and more appropriate to deal with the matter in accordance with the Managing Long Term Absence and Long Term Health Conditions Procedure at section 6.18 of this policy.

Where a manager issues a First Formal Advisory Notice, this will remain in force for a period of 6 months.

At this meeting, the manager and the employee will agree the standard to be achieved, or a set target for improvement and set a monitoring period (usually between 6 weeks and 3 months).The employee should be warned that if the targets have not been met, Formal Stage 2 of this procedure may be initiated, which could lead to dismissal.

The details of the meeting, together with any Advisory Notice or targets which are likely to lead to further action being taken, should be confirmed in writing within 5 working days of the meeting.

Copies of all letters/correspondence should be kept on the individual's personal file.

The employee's subsequent attendance record should be monitored closely with further review meetings as appropriate.

If the employee achieves the expected level of attendance throughout the period of the Advisory Notice, they will be notified by the manager at the end of the monitoring period that the Advisory Notice has expired.

If the employee has been issued with an Advisory Notice and their attendance remains unsatisfactory it would be appropriate to initiate Formal Stage 2 of the formal procedure.

#### **6.17.6 Intermittent Absence Procedure – Formal Stage 2 Final Review and Possible Dismissal.**

Prior to a Formal Stage 2 Final Review meeting, an Occupational Health report should be obtained if there is any indication that there is an underlying medical condition.

The meeting should be chaired by a manager who has had no prior involvement and who has authority to dismiss. The manager chairing the meeting will be supported by an HR representative.

The line manager should prepare a management statement of case which clearly outlines the process followed to date and identifies the level and impact of the absence and the support which has been provided.

The CCG should write to the employee inviting them to attend the meeting and sending a copy of any report or information that will be relied upon. At least 5 working days' notice should be given unless the employee agrees to hold the meeting in a shorter timescale.

Employees should be advised that the meeting is being held under Formal Stage 2 of the Intermittent Sickness Absence procedure and that this is a serious issue which may lead to dismissal. The employee should be advised of their right to be accompanied by a workplace colleague/ trade union representative.

At the meeting the Chair will consider:

- The impact of the employee's absence on the service
- The level and reason for the absence
- The sustainability of the absence on the service and the CCG overall
- Medical evidence (if appropriate)
- The nature of the illness/es

- Whether the requirement to consider reasonable adjustments has been followed in cases relating to disability
- Whether any reasonable adjustments suggested by a medical practitioner, an occupational health advisor or the employee themselves should have been implemented by the line manager.
- Whether the Managing Long Term Absence and Long Term Health Conditions Procedure at section 6.18 of this policy would be more appropriate

The employee will be asked to explain their attendance record and make representations. The manager will take into account the employee's length of service and previous absence record.

Where an employee failed to meet the targets set at previous stages of this procedure, unless there is reasonable cause to decide upon other action, the Chair may decide to dismiss the employee.

On the presentation of mitigating evidence, the Chair may at their discretion consider a sanction short of dismissal and/or set a further review period if this would be an appropriate alternative to dismissal. Should this be the case the Chair must write to the employee setting out the reasons for this decision and clearly identify the parameters of any targets to be met.

The Chair, in consultation with the HR representative, must identify the potentially fair reason for dismissal as set out in the Employment Rights Act 1996. This will most likely be capability or some other substantial reason. The dismissal must be confirmed in writing to the employee within 5 working days of the meeting, stating the reason for the dismissal, together with details of the right of appeal, with a copy being sent to the employee's representative. A copy must be filed on the employee's personal file.

The appropriate contractual notice period must be given. Notice periods need not be worked at the discretion of the Chair in consultation with the line manager, but could be paid in lieu including any unused annual leave entitlement (pro rata) in line with the provisions of this policy.

## **6.18. Managing Long Term Absence and Long Term Health Conditions Procedure**

Long-term absence is classed as absence lasting or expected to last at least 28 calendar days. This procedure may be commenced when a manager becomes aware that the absence is:

- Due to a long term underlying health condition; or
- Likely to last 28 calendar days or more as indicated by a fit note, the employee, or an Occupational Health Advisor; or
- Approaching 28 calendar days where preparations may be made to proceed with stage 1 of the procedure if a single episode of absence has exceed 14 calendar days.

This procedure is designed to support those living with a long term or underlying health condition and to help individuals return to work from a long term absence, whilst empowering managers to manage attendance.

Consideration should be given to appropriately supporting individuals with regards their wellbeing, e.g. undertaking stress risk assessments, discussing temporary changes to work patterns, hours or duties, considering reasonable adjustments, considering flexible working patterns, making a referral to the CCGs Occupational Health Service.

There are three stages under this procedure – Stage 1, Stage 2 and Stage 3.

The formal stages of the procedure will normally be implemented sequentially. There may be times, however, when a manager wants to discuss an individual's absence ahead of the triggers specified within this document. Equally, there may be circumstances where a manager will deem it appropriate to proceed directly to Stage 2 or 3, for example, in the case of receipt of an occupational health report which identifies that the employee is unlikely to be fit for the foreseeable future and that no adjustments could facilitate a return within the foreseeable future. This may the case, for example, in cases of diagnosis of a terminal illness where medical retirement is the most appropriate outcome.

### **6.18.1 Stage 1 Management Discussion and Review**

Where an absence meets the above criteria, the line manager should convene a Stage 1 meeting. The meeting should be attended by the line manager, an HR representative, the employee and the employee will be able to bring an accredited trade union representative or workplace colleague.

The purpose of the meeting is to support the employee, establish the circumstances and determine the likely prognosis for the absence, any likely return to work and/or any support that may facilitate a return to work, including reasonable adjustments.

Managers should attempt to obtain up-to-date medical advice prior to the meeting. However a Stage 1 meeting does not need to be delayed if there are delays in obtaining medical advice that are exacerbated by the employee. Stage 1 meetings can be adjourned pending the receipt of up to date medical advice.

Managers should:

- identify whether there are any factors related to disability affecting the absence (including any reasonable adjustments required)
- discuss the options and consider the employee's views on continuing employment

Ongoing discussion (as agreed between the employee and the manager) should continue throughout the absence.

There may be occasions where an employee is off work with a planned absence in connection with a long term health condition, a planned operation or an injury such as a broken bone, where Stage 1 of this process may not be appropriate, but ongoing informal discussions may well be required.

If a potential return to work date cannot be agreed at the Stage 1 meeting a plan for support, additional exploration of the medical advice, exploring making reasonable adjustments and/or redeployment, together with a time period to review the absence may be agreed. This period of time should not normally be of a length that exceeds the employee's entitlement to occupational sick pay. At the end of this period, the absence may exceed a level that is managerially acceptable. This is where the CCG is unable to sustain absence to this degree. At this time, Stage 2 of the process may be invoked and the CCG may start to consider terminating the employment relationship. In some situations for example, where the occupational health view is that there is no realistic prospect of an employee's return within the foreseeable future and no appropriate adjustments that can be made, the matter may be dealt with at Stage 3 of this procedure. This may the case, for example, in cases of diagnosis of a terminal illness where medical retirement is the most appropriate outcome.

### **6.18.2 Stage 2 Review Meeting**

Stage 2 of this procedure follows the process outlined in Stage 1. This stage of the process will be triggered when the return to work date or other target agreed at Stage 1 has not been met during the agreed review period.

The details of the Stage 2 meeting, should be confirmed in writing within 5 working days of the meeting.

### **6.18.3 Stage 3 Final Review Meeting**

The meeting should be chaired by a manager who has had no prior involvement and who has authority to dismiss. The manager chairing the meeting will be supported by an HR representative.

The line manager should prepare a report which clearly outlines the process followed to date and identifies the impact of the absence.

The CCG should write to the employee inviting them to attend the meeting and send a copy of any information or reports the manager may rely upon. This should be notified to the employee in writing, giving at least 5 working days' notice, indicating that the meeting is being held under the provision of Stage 3 of this policy and that this is a serious issue which may lead to dismissal. The employee should be advised of their right to be accompanied by an accredited trade union representative or workplace colleague.

In preparation for this meeting, the Chair should determine whether it is appropriate to obtain a further Occupational Health report. The purpose of this is to establish whether there is any likelihood of the individual being able to return to work in the foreseeable future. If this return is unlikely, then the Chair should identify, in conjunction with Occupational Health, whether the individual meets the criteria for ill health retirement (if they are member of the NHS Pension Scheme).

At the meeting the Chair will consider:

- The level and reason for the absence
- Occupational health advice and any relevant medical evidence
- The nature of the illness
- Whether the requirement to consider reasonable adjustments has been followed in cases relating to disability
- The impact of the employee's absence on the service
- All alternatives to dismissal
- Whether Ill Health Retirement is appropriate.



The Chair will take into account the employee's length of service and previous attendance record.

On the presentation of mitigating evidence the manager may at their discretion consider an alternative to dismissal and/or set a further review period. Should this be the case the Chair must write to the employee setting out the reasons for the decision. Action short of dismissal may amount to:

- Redeployment to another existing vacancy (on medical grounds) - where there is evidence that the medical condition has prevented the individual from attending work in their existing role for the required standard.
- Adjourning the meeting to set a further review period. The Chair should ensure the stage 3 meeting is reconvene before the absence has reached 12 months from the date the absence started in line with the requirements of AfC employees may be entitled to have their pay reinstated if the final review process is not concluded within 12 months

If the Chair believes dismissal is appropriate they must, in consultation with the HR representative, identify the potentially fair reason for dismissal as set out in the Employment Rights Act 1996. This will most likely be capability or some other substantial reason.

The outcome of the meeting will be confirmed in writing to the employee within 5 working days of the meeting including the reason for the decision, together with details of the right of appeal. A copy will be sent to the employee's union representative (where so represented). A copy must be placed employee's personal file. The appropriate contractual notice period must be given. Notice periods need not be worked at the discretion of the Chair, but could be paid in lieu including any unused annual leave entitlement (pro rata) in line with the provisions of this policy.

### **6.19 Phased return to work**

A phased return to work consists of an employee returning to work on reduced hours or days and gradually increasing their working hours up to their contracted hours. This may also consist of additional breaks, working from home or other locations or carrying out a reduced amount of tasks whilst gradually increasing to the normal workload and working pattern.

An employee may return to work on a reduced number of days per week, and/or a reduced number of hours per working day. The Occupational Health Service can advise on how the phased return might be planned. Line managers and employees should start to have conversations about what a



phased return to work might look like as soon as appropriate.

A phased return will normally take place over a period of up to four weeks. In exceptional circumstances, this may be extended dependent upon the medical condition and length/prognosis of the absence. In these circumstances the employee will be required to utilize accrued annual leave to accommodate a longer phased return to work.

## **6.20 Adjustments to the existing post or working environment**

To support an employee's return to work, managers should consider reasonable adjustments to working conditions, working arrangements and environmental conditions. In some circumstances managers and employees may be able to determine these adjustments themselves based on the employees understanding of their capabilities and the manager's expectations of the job role. Where this is not possible or further specialist input is appropriate managers and employees can seek guidance from other sources such as the CCG's Occupational Health Provider.

The CCG has a legal obligation to make reasonable adjustments to support employees who consider themselves to meet the legal definition of a disability.

Adjustments may be agreed on a temporary (usually no longer than 12 weeks), or permanent basis.

Examples of reasonable adjustments include:

- Changes to job duties
- Changes to the method of doing the job
- Changes to working hours
- Transfer to a different workplace
- Allowing absence during working hours for rehabilitation, assessment or treatment.
- Additional or tailored training, coaching, mentoring or supervision
- Making adjustments to the premises

## **6.21 Redeployment**

Redeployment may be considered if an employee is unfit to continue in their existing post, or if the existing post has a detrimental effect on their health or well-being that cannot be overcome with reasonable adjustments.

Redeployment is the process of seeking suitable alternative employment for an employee. The CCG will normally seek redeployment for an employee over a period of 4 weeks.

The employee will attend a meeting with the line manager and an HR representative to discuss the redeployment process. The details of the meeting will be confirmed in writing and the employee will be sent the CCG's application form within 5 working days of the meeting. The completed application form and any other required documents should be returned to the manager by the deadline date specified in the letter. The 4 week redeployment period will commence from this date.

The line manager and HR representative will consider existing vacancies and new vacancies that arise during the redeployment period against the employee's skills, experience and abilities specified in the application form. Where a match occurs, the employee will be invited to attend a priority interview for the post. If successful an offer to undertake a four-week trial period will be made to the employee. The trial period may be extended if retraining is required, if agreed by the employee and the line-manager of the new post.

During the trial period the employee will continue to be paid by the originating department under the terms of the existing contract of employment.

If the trial period is successful, the employee's appointment to the new post will be confirmed. The employee will be paid in accordance with the terms and conditions of the new post.

Managers may progress to the final stage of the formal procedure if an employee rejects redeployment. A rejection of redeployment can be considered as:

- failing to provide requested information without good reason
- refusal to attend/non-attendance for a priority interview
- refusal of an offer to undertake a trial period or failure to attend for the trial period without good reason
- refusal of an offer of alternative employment

If it is considered that the employee has reasonably refused alternative employment, further attempts to redeploy the employee will be made until the end of the 4-week redeployment period.

If alternative employment has not been secured by the end of the redeployment period (i.e. 4 weeks), or an individual has unreasonably declined a 'reasonable' position, the manager may convene a meeting to consider whether dismissal is appropriate.

## **6.22 Access to Work Scheme**

Where appropriate the CCG will support employees to apply for Access to Work support. The Access to Work Scheme may provide financial assistance towards equipment and support for employees with a long term health condition which may facilitate a return to work after long term absence or support them to remain within work and sustain an acceptable level of attendance.

## **6.23 Ill Health Retirement**

Ill health retirement benefits may be available for employees with at least two years membership in the NHS Pensions Scheme who are assessed by NHS Pensions and its medical advisers as being permanently unable to do their current NHS job or being permanently incapable of ever working again.

The application for such benefits will be made to the NHS Pensions Scheme and must be supported by an Occupational Health Physician or the employee's GP/Consultant.

The responsibility for considering and approving the application lies with the NHS Pension Scheme. Until this approval is received ill-health retirement cannot be guaranteed.

An HR representative will support the application process.

**Appendix 1: Return to Work Conversation and Self Certificate**

**RETURN TO WORK CONVERSATION RECORD**

**Section One**

<b>Employee name</b>			
<b>Line Manager</b>			
<b>Date of Absence</b>	<b>From</b>	<b>To</b>	<b>Number of Days</b>
<b>Certified</b> (delete as appropriate)	Yes <input type="checkbox"/> No <input type="checkbox"/> Self Certified <input type="checkbox"/> Medical Certificate <input type="checkbox"/>		
<b>Reason for Absence &amp; Additional Information/Circumstances</b> (NB: unwell or ill are not acceptable)			

**Section Two**

	<b>Dates</b>		<b>Self-Certificated</b>	<b>Covered by Medical Certificate</b>
<b>Total absence during last rolling 12 month period</b>	<b>From</b>	<b>To</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>From</b>	<b>To</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>From</b>	<b>To</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>From</b>	<b>To</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional Information/circumstances surrounding previous episodes</b>				
<b>Has absence hit the policy triggers?</b> (e.g. 8 days in the last 12 months, 3 instances in last 3	Yes <input type="checkbox"/>			

months or one absence of 28 days in length)	<b>No</b> <input type="checkbox"/>
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**Section Three**

<b>Date of Meeting</b>	
<b>Meeting Attendees</b>	
<b>Plan/Discussion of how to minimise future occurrences</b> (Please use reverse of form if necessary)	

**Section Four**

<b>Detail support discussed with employee</b>  (Include any risks identified and how these will be mitigated. Include all reasonable adjustments made e.g. phased returns, adjusted hours, restrictions to role and the timescales for which these will be in place)	
<b>Has an Occupational Health referral been made?</b>	Yes <input type="checkbox"/> Date:..... No <input type="checkbox"/>

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**Section Five**

(To be completed if employee's absence has hit one of the policy triggers)

<b>Agreed Monitoring Period Set</b>	From: _____	To: _____
<b>Agreed Final review meeting date</b>		
<b>Attendance target agreed</b> (e.g. no more than 3 absences in 3 month period):		
<b>NB for line managers: Your HR Advisor should be informed of the details of any monitoring period set, and sent a copy of the informal meeting outcome.</b>		

Signed (Manager): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (Employee): \_\_\_\_\_ Date: \_\_\_\_\_

## SELF CERTIFICATE FORM

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

To be completed in block capitals.

1.	<b>Surname:</b>	5.	<b>Reason for Absence:</b>
	<b>First Name:</b>		
	<b>Department:</b>		
	<b>Base:</b>		
2.	<b>Employee Number:</b>	6.	<b>Was this due to an accident at work?</b>
3.	<b>Inclusive Dates of Absence</b>		<b>YES / NO</b>
	<b>From:</b>		<b>If yes, was an incident form filled in?</b>
	<b>To:</b>		<b>YES / NO</b>
4.	<b>Date of Return to Work:</b>		

I declare that the information given is full and true to the best of my knowledge and is in no way misleading. I understand that if I give false information I can lose my entitlement to sick pay and disciplinary action may be taken and the matter may be referred to the Local Counter Fraud Service.

I confirm that I have not undertaken paid work elsewhere during this period or engaged in activities inconsistent with declaring myself unfit for work and understand that such a matter would be referred to the Local Counter Fraud Service and disciplinary action may be taken.

**Signed by employee:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Received by Manager on:** \_\_\_\_\_ **Signed by Manager:** \_\_\_\_\_



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## Appendix 2: Equality Impact Assessment Stage 1 Screening

**Title of policy, service, proposal etc being assessed:**

Attendance Management and Wellbeing Policy

**What are the intended outcomes of this work?** Include outline of objectives and function aims

NHS Bedfordshire, NHS East and North Hertfordshire, NHS Herts Valleys, NHS West Essex and NHS Luton Clinical Commissioning Groups (respectively referred to as 'the CCG') understand that work is essential to health, well-being and self-esteem.

The CCG recognises the importance of having a robust policy that encourages and facilitates employees to return to work following a period of sickness and to manage and support staff who have underlying health conditions..

**How will these outcomes be achieved?** What is it that will actually be done?

This policy provides a framework for managing sickness absence and ill health and outlines the procedure that employees must follow to report sickness.

**Who will be affected by this work?** E.g. staff, patients, service users, partner organisations etc. If you believe that there is no likely impact on people explain how you've reached that decision and send the form to the equality and diversity manager for agreement and sign off

Staff

### Evidence

**What evidence have you considered?** Against each of the protected characteristics categories below list the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic).

This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them in the Evidence based decision making section on page 9 of this template.

If you are submitting no evidence against a protected characteristic, please explain why.

**Age** Consider and detail age related evidence. This can include safeguarding, consent and welfare issues.

No local assessment. Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs.

**Disability** Detail and consider disability related evidence. This can include attitudinal, physical and social barriers as well as mental health/ learning disabilities.

No local assessment. Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs.

**Gender reassignment (including transgender)** Detail and consider evidence on transgender people. This can include issues such as privacy of data and harassment.

No local assessment. Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs.

**Marriage and civil partnership** Detail and consider evidence on marriage and civil partnership. This can include working arrangements, part-time working, caring responsibilities.

No local assessment. Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs.

**Pregnancy and maternity** Detail and consider evidence on pregnancy and maternity. This can include working arrangements, part-time working, caring responsibilities.

No local assessment. Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs.

**Race** Detail and consider race related evidence. This can include information on difference ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers.

No local assessment. Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs.

**Religion or belief** Detail and consider evidence on people with different religions, beliefs or no belief. This can include consent and end of life issues.

No local assessment. Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs.

**Sex** Detail and consider evidence on men and women. This could include access to services and employment.

No local assessment. Developed in conjunction with the joint forum, and ratified by,

the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs.

**Sexual orientation** Detail and consider evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.

No local assessment. Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs.

**Carers** Detail and consider evidence on part-time working, shift-patterns, general caring responsibilities.

No local assessment. Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs.

**Other identified groups** Detail and consider evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include different socio-economic groups, geographical area inequality, income, resident status (migrants, asylum seekers).

No local assessment. Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs.

## **Engagement and involvement**

How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

Policy Forum established. Members include representatives of CCGs and Trade Unions

How have you engaged stakeholders in testing the policy or programme proposals?

Policy Forum established. Members include representatives of CCGs and Trade Unions

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Policy Forum established. Members include representatives of CCGs and Trade Unions

### Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impacts, if so state whether adverse or positive and for which groups and/or individuals. How you will mitigate any negative impacts? How you will include certain protected groups in services or expand their participation in public life?  
Policy based on other organisation's policies and best practice.

Now consider and detail below how the proposals could support the elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups (the General Duty of the Public Sector Equality Duty).

### Eliminate discrimination, harassment and victimisation

Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs.

### Advance equality of opportunity

Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs.

### Promote good relations between groups

Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs.

### Next Steps

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to eliminate discrimination issues, partnership working with stakeholders and data gaps that need to be addressed through further consultation or research. This is your action plan and should be SMART.

#### **New HR monitoring system being developed**

How will you share the findings of the Equality analysis? This can include sharing through corporate governance or sharing with, for example, other directorates, partner organisations or the public.

Publication alongside the policy

## Health Inequalities Analysis

### Evidence

**1. What evidence have you considered to determine what health inequalities exist in relation to your work?** List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them in the Evidence based decision making section on the last page of this template.  
Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs.

### Impact

**2. What is the potential impact of your work on health inequalities?** Can you demonstrate through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group and in different geographical locations that your work applies to?  
Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs.

**3. How can you make sure that your work has the best chance of reducing health inequalities?**

Developed in conjunction with the joint forum, and ratified by, the relevant committees of the Hertfordshire, Bedfordshire, West Essex and Luton CCGs.

### Monitor and Evaluation

**4. How will you monitor and evaluate the effect of your work on health inequalities?**

New HR monitoring system being developed

## Quality Impact Initial Assessment.

Quality can be defined as embracing three key components:

- Patient Safety – there will be no avoidable harm to patients from the healthcare they receive. This means ensuring that the environment is clean and safe at all times and that harmful events never happen.
- Effectiveness of care – the most appropriate treatments, interventions, support and services will be provided at the right time to those patients who will benefit.
- Patient Experience – the patient’s experience will be at the centre of the organisation’s approach to quality.

What is the impact on:

<b>Patient Safety?</b>	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Neutral <input checked="" type="checkbox"/>
<b>Patient Experience?</b>	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Neutral <input checked="" type="checkbox"/>
<b>Clinical Effectiveness?</b>	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Neutral <input checked="" type="checkbox"/>

If any there is any negative impact please complete seek advice from the Nursing and Quality Team and a full Quality impact assessment will need to be completed.

<b>Name of person(s) who carried out these analyses: Paul Curry</b>
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<b>Date analyses were completed: 17 May 2017</b>
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