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Policy Validity Statement
This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid. Policy users should ensure they are consulting the currently valid version of the documentation.

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1. POLICY STATEMENT

- The CCG recognises the contribution of its employees and is committed to providing good working conditions and health and safety standards.

1.2 The overall purpose of the policy is to set out the CCG's approach to the management of absence and attendance within the workplace. The policy will also set out guidance to staff and managers about their responsibilities in relation to Absence Management.

1.3 It is the responsibility of the CCG to make the most effective use of its employees and the absence management policy contributes to that objective.

1.4 This procedure will apply to all staff within the CCG.

2. PRINCIPLES

2.1 This procedure enables managers to address sickness absence issues, both short and long-term, in a fair, consistent and equitable manner. It is recognised however, that all cases must be dealt with on an individual basis because of differing circumstances. This procedure therefore gives an outline of the principles to be observed.

2.2 It should be noted that all other types of absence should be dealt with in accordance with the appropriate policy, ie maternity, adoption, career break, stress policy etc. Line managers should consider, and take due account of, individual circumstances and all relevant factors before action is taken eg maternity related absence, stress, disability related absence, work related factors.

2.3 Confidentiality will be maintained in all aspects of absence management and records will be kept in line with the Data Protection Act.

2.4 Managers will be fully trained in policies and procedures relating to absence. All new staff will be made aware of the relevant policies and procedures during their induction.

2.5 The CCG recognises that everybody is sick or subject to emergencies from time to time, however regular attendance at work is a contractual requirement.

2.6 Short-term absenteeism refers to a series of illnesses, often unconnected, which result in frequent, short periods of absence. The appropriateness of referral to the CCG's occupational health provider will be discussed between the individual, their line manager and if necessary, a HR representative.

2.7 It is acknowledged that occasions do arise when people are away from work on a long-term basis as a result of chronic or acute ill health. Although each case will be dealt with on an individual basis this policy outlines certain principles that should be observed.

2.8 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.

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

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

3. RESPONSIBILITIES

3.1 Manager responsibilities

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

- Ensuring that they are familiar with the Absence Management Policy and their obligations in relation of the management of the policy.
- Communicating appropriately with absent staff.
- Dealing with any actions in a timely manner when dealing with absence at work, balancing the needs of the individual with those of the service.
- Maintaining accurate records of all absences and reasons for absence.

- Holding return to work interviews after each individual episode of sickness.
- Maintaining confidentiality at all times.
- Attending any organisation training provided on policy updates.
- Identifying a 'nominated deputy' for staff to report sickness absence to during periods of annual leave/out of the office/non-working time and communicating this to staff.

3.2 Employee Responsibilities

Employees are expected to:

- Ensure regular attendance at work.
- Communicate appropriately with their manager when absent from work.
- Co-operate fully in the use of these procedures.

- Attend appointments with an organisation nominated medical practitioner where appropriate.
- Comply with sick pay scheme.
- Attend review meetings with management when discussing periods of absence or planning return to work, reasonable adjustments or alternative employment.

4. GENERAL POINTS

4.1 It is the responsibility of every employee to report every absence and only in exceptional cases should this procedure be carried out by someone else on their behalf.

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

4.3 Any employee who unreasonably fails to comply with the organisation's Absence Management Policy and Procedure may have their occupational sick pay withheld. Any decision to withhold sick pay should be made in conjunction with Human Resources. Advice may also be sought from the organisation's occupational health provider.

4.4 The CCG has the right to dismiss employees whilst they are receiving sick pay entitlement. Any decision to dismiss on capability grounds will be subject to medical advice.

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

5. SCHEME OF DELEGATION

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

Informal procedure	Line Manager or equivalent level manager from elsewhere within the organisation.
Formal procedure	Line manager or equivalent level manager from elsewhere within the organisation or the line manager's direct manager if the line manager has been previously involved or implicated.
Appeal following formal procedure	Line Manager's manager or equivalent who has not previously been involved or implicated.
Dismissal	Chaired by a senior manager or equivalent plus one other manager and a HR representative.

Dismissal Hearings	
Appeal against dismissal	Chaired by a Chief Officer plus one other manager and a HR representative.

6. EQUALITY

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

7. MONITORING & REVIEW

7.1 The policy and procedure will be reviewed periodically by Human Resources in conjunction with operational managers and Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.

PART 2

PROCEDURE

1. REPORTING ABSENCE

- 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 this call. The only exception is where it is clearly not possible for employees to ring personally, such as admission to hospital.

1.2 Employees must talk directly to their line manager. It is not acceptable to text, e-mail or leave messages with anybody else. 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.

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 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. 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

1.6 For absences lasting seven calendar days or less, on the first day back at work, employees will be required to complete a Sickness Self-Certificate. This should include the reason for absence. The certificate will be countersigned by a manager and subsequently kept in a confidential file.

1.7 If an absence exceeds seven calendar days a doctor's medical certificate (Fit Note) 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 will then be forwarded to Payroll and the absence recorded on the appropriate staff absence record form.

1.8 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.

1.9 Failure to submit consecutive medical certificates in a timely manner may be considered in breach of the Absence Management Policy and may invoke the Disciplinary Procedure.

1.10 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.

1.11 For reporting purposes, reports will show long-term absence as 28 calendar days or more.

Statement of Fitness to Work (Fit Note)

1.12 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 work to work interview.

Employee Occupational Sick Pay Entitlements

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

- During 1st year of service One month's 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

1.14 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.

1.15 Sick pay is based on basic pay only.

1.16 Full pay is inclusive of any statutory benefits. Half pay plus statutory sick pay will not exceed full pay.

1.17 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.

1.18 In the event of employment coming to an end, entitlement to sick pay ceases from the last day of employment.

1.19 Absence for planned elective medical treatment, which is for cosmetic reasons alone, must be taken as annual leave or unpaid leave and not sick leave. Where planned medical treatment has both a cosmetic and health improvement purpose, absence should be reported as sick leave.

Occupational Sick Pay Conditions

1.20 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.

1.21 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.

1.22 The period of full or half sick pay detailed in 7.1 may be extended:

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

When an extension to sick pay is being considered for any reason it may be advisable to first discuss this with an HR representative.

1.23 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.

1.24 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 CCG 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 CCG operates an accurate method of recording and monitoring levels of absence. If the amount of time being taken off for illness is giving cause for concern, managers will discuss this with employees at the return to work interview and provide them with a record of all absences from work. The individual will have the opportunity to explain any personal or work-related issues which may be a factor in the absence.

3.2 To ensure consistency with the application of the 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 12 month period, or
- 12 days absence in any 12 month period

3.3 Where an employee reaches a trigger, a formal attendance monitoring meeting will be held with the individual. The purpose of the meeting is to provide support and assistance to overcome any short-term issues, patterns or problems which are identified. At this stage an action plan of improvement will be set. (Appendix 1 '*Stages of attendance management and improvement notification*')

3.4 Where an individual fails to maintain the regular attendance deemed acceptable for the organisation, they will progress through the stages of the procedure. 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.

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 action will be taken. The manager will continue to monitor the level of attendance or pattern of absence.

4. LONG-TERM ABSENCE

4.1 Long-term absence is classed as at least four weeks continuous absence. However it should be noted that for reporting purposes, reports will show long-term absence as 8 calendar days or more.

4.2 In all cases of long-term absence, Occupational Health advice should be sought.

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, ill-health retirement etc .The meetings should be recorded and notes sent to the employee concerned. Employees may be accompanied by a Trade Union Representative, or a work colleague. The line manager may also be accompanied by another manager or HR representative. The frequency of such meetings will depend upon the circumstances of each 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 Review and decision dates should be arranged taking into consideration the individual's sick pay entitlements and there must be a review meeting before their sick pay ends.

4.6 Employees who fail to attend sickness review meetings may be subject to the various sanctions 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:

- **Medical advice** - support and guidance to help determine the best course of action for the individual.
- **Reasonable Adjustments / redeployment** - consider what adjustments can be made to 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. (refer to redeployment policy for additional information).
- **Final Review Panel** - if the individual's substantive post is not suitable due to their ill health and the above stages have been unsuccessful in supporting the employee to resume full duties, a final review hearing should be convened.

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

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

6. RETURN TO WORK MEETING

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

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

6.4 Notes and outcome of the meeting will be agreed and retained on file.

7. OCCUPATIONAL HEALTH SERVICES – *Organisation Appointed Medical Advisor*

7.1 In cases of long-term absence, managers are expected to exercise discretion in referring such absences 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 should 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 OHS 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 should be discussed with the individual during the review meetings. Further information is available in the Retirement Policy.

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 most 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, hospital 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 Trust 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 action where a disabled member of staff (if they are as qualified) can be treated differently in order to ensure they remain in work. e.g. an internal disabled applicant, who 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, 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 please refer to the organisations Substance Misuse Policy.

10. RETURNING TO WORK

10.1 Wherever possible the CCG 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 hours basis.

Phased Return

10.3 Where a phased return to work is recommended by Occupational Health, 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 former employment, the possibility of alternative employment must be considered. (Please refer to the Redeployment Policy).

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 Occupational Health 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 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 an individual in full at the appropriate time and as much information as possible will be provided to enable the employee to make an informed decision. For more information regarding this procedure please contact Human Resources.

Resignation

10.11 At any time during the process an employee may choose to resign from their employment. They are required to give their contractual notice and any outstanding accrued holiday entitlement will be paid in lieu.

10.12 Payment in lieu of notice may be agreed by the line manager if considered appropriate.

Dismissal On The Grounds Of Capability

10.13 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/experienced member of staff, the cost of replacing the employee, whether or not any flexible working arrangements could be agreed etc.

10.14 Should the dismissal of an employee be identified at any stage in the process as the only appropriate option (i.e. all other options as outlined above have been investigated and found to be inappropriate) a Final Review Hearing will be convened. This will be chaired by the appropriate manager with the authority to dismiss and will be attended by the employee in question, their line manager and a Human Resources representative. Employees have the right to be accompanied by a trade union representative or a work colleague.

10.15 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.

10.16 At this meeting the employee will have the opportunity to present their case and submit supporting evidence. The employee has the right to appeal this decision.

10.17 Following the meeting the employee will be given a letter confirming the reason for dismissal, the date of dismissal, their right to appeal, details of any payment in lieu of contractual notice and any other outstanding payments to which they are entitled eg annual leave.

10.18 Where an employee is dismissed during the paid sick leave period they will be entitled to payment equivalent to their total occupational sick pay entitlement (full and half pay), plus payment in lieu of contractual notice and any outstanding annual leave.

11. MATERNITY RELATED ABSENECE

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, the absence should continue to be monitored.

12. APPEAL

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

Where there is an appeal against a dismissal, employees should address their appeal to the CCG Accountable Officer, outlining the reason for the appeal with 10 days of receipt of the letter.

Absence Management Policy

Stages of Absence Management and Improvement Notification.

	Period of Absence	Improvement Target	Action	Decision
<p>Stage 1</p> <p>Verbal Notification of unsatisfactory attendance</p>	<p>If the employee has had 4 occasions in 12 months or 12 days absence in any 12 month period they will be issued with Stage 1 notification</p>	<p>During the next 12 months, If the employee has a further 3 occasions or 10 days absence in total, they will progress to Stage 2</p>	<p>Attendance meeting: Review absence record and reasons for absence. Agree standard of attendance and support if necessary. Possible OH referral if needed</p>	<p>Decision in writing, copy kept on personal file</p> <p>Will remain on file for 12 months</p> <p>Right of appeal</p>
<p>Stage 2</p> <p>First Written Warning</p>	<p>From the date of the Stage 1 meeting. If the employee has had 3 occasions or 10 days absence in total, they will progress to Stage 2</p>	<p>During the next 12 months, If the employee has a further 3 occasions or 10 days absence in total, they will progress to Stage 3</p>	<p>Attendance meeting: Review absence record and reasons for absence. Agree standard of attendance and support if necessary. Refer to Occupational Health</p>	<p>Decision in writing, copy kept on personal file</p> <p>Will remain on file for 12 months</p> <p>Right of appeal</p>
<p>Stage 3</p> <p>Final Written Warning</p>	<p>From the date of the Stage 2 meeting. If the employee has a further 3 occasions or 10 days absence in total during, they will progress to the Stage 3</p>	<p>During the next 12 months, If the employee has a further 3 occasions or 10 days absence in total, they will progress to Stage 4, final review panel</p>	<p>Attendance meeting: Review absence record, reasons for absence and medical advice. Agree standard of attendance and support if necessary. Possible consider alternatives if necessary, adjustments</p>	<p>Decision in writing, copy kept on personal file</p> <p>Will remain on file for 2 years</p> <p>Right of appeal</p>
			<p>Final Review hearing:</p>	<p>Decision in writing</p>

<p>Stage 4</p> <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>Individual is invited to attend Hearing in front of impartial panel. Including Line Manager/ Associate Director / HR.</p> <p>Review absence record, actions taken to date to support improvement and any supporting medical advice. Any alternatives' to dismissal will be discussed including redeployment</p>	<p>writing, copy kept on personal file</p> <p>Possible outcome Dismissal</p> <p>Right of appeal</p>
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*Please note: The above triggers should be pro rata for Part time employees and calculated on contracted days worked

Appendix 2 - Equality Analysis Initial Assessment

Title of the change proposal or policy:

Absence Management

Brief description of the proposal:

To ensure that the policy amendments are fit for purpose, that the policy is legally compliant, complies with NHSLA standards and takes account of best practice.

Name(s) and role(s) of staff completing this assessment:

Shamshy Salehin, HR Consultant, Cheshire HR Service

Date of assessment: 22nd March 2013

Please answer the following questions in relation to the proposed change:

Will it affect employees, customers, and/or the public? Please state which.

Yes, it will affect all employees

Is it a major change affecting how a service or policy is delivered or accessed?

No

Will it have an effect on how other organisations operate in terms of equality?

No

If you conclude that there will not be a detrimental impact on any equality group, caused by the proposed change, please state how you have reached that conclusion:

Believe that the policy will have an effect on all staff including those with protected characteristics under the Equality Act.

Please return a copy of the completed form to the Equality & Diversity Manager