

# **Managing Sickness Absence and Attendance at Work Policy and Procedure**

## **Ratification Process**

Lead Author:	Senior OD & HR Manager, C&P CCG
Developed by:	Senior OD & HR Manager, C&P CCG
Approved by:	Joint Consultation and Negotiating Partnership (JCNP)
Ratified on and by:	TBC C&P CCG Remuneration & HR Sub Committee
Version Number:	3
Latest Revision date:	May 2016
Review date:	May 2018

**Cambridgeshire & Peterborough CCG  
Managing Sickness Absence and Attendance at Work Policy and Procedure**

**Document Control Sheet**

<b>Development and consultation:</b>	This policy was developed by the CCG HR team and consulted upon with senior managers and staff representatives. This policy has been approved through the Joint Consultation and Negotiating Partnership (JCNP).
<b>Dissemination:</b>	All new and updated policies and procedures are notified to senior managers via email for dissemination to their staff. Notification is also sent to all staff via the monthly staff newsletters.
<b>Implementation:</b>	All staff and managers. Line managers have an additional duty to act in accordance with the policy.
<b>Training:</b>	The CCG HR team will organise to inform managers of this policy. Training on equality and diversity is mandatory for all employees.
<b>Audit:</b>	The CCG HR Team will hold a database of all policies and a reminder will be sent when a policy is due for renewal.
<b>Review:</b>	This policy will be reviewed by the CCG HR Team and JCNP every two years, unless an earlier review is required e.g. due to changes in legislation or in NHS direction.
<b>Links with other documents that guide practice:</b>	This policy should be read in conjunction with:  CCG Annual Leave Policy CCG Career Break Scheme Policy and Procedure CCG Carers and Special Leave Policy and Procedure CCG Flexible Working Policy and Procedure CCG Flexitime Policy and Procedure CCG Home Working Policy and Procedure CCG Maternity, Paternity & Adoption Leave Policy and Procedure

**Cambridgeshire & Peterborough CCG  
Managing Sickness Absence and Attendance at Work Policy and Procedure**

**Revisions**

<b>Version</b>	<b>Page/ Paragraph no.</b>	<b>Description of change</b>	<b>Date approved</b>
2	Page 12, section 9.4	Amendment to reflect change of provider for 24 hour free counselling service	April 2015
2	Page 33, Appendix 2	Inclusion of Manager Occupational Health Referral Form to replace template occupational health referral letter	April 2015

**Cambridgeshire & Peterborough CCG**  
**Managing Sickness Absence & Attendance at Work Policy and Procedure**

**Contents**

<b>Section</b>	<b>Title</b>	<b>Page</b>
1.	Introduction	7
2.	Payment during Absence	7 – 8
3.	Employee Responsibilities for notifying of Absence	8 – 9
	Self Certified Absence	8
	Certified Absence	8 – 9
4.	Absence without Permission	9 – 10
5.	Sickness Absence and Annual Leave	10 – 11
6.	Line Manager Responsibilities	11 – 12
7.	Employee Responsibilities	12
8.	Rights of Representation	12
9.	Human Resources and Payroll Responsibilities	12 – 13
10.	Monitoring	13
11.	Managing Sickness Absence caused through Disability	13 – 15
	Reasonable Adjustments	14
	Access to Work Scheme	15
12.	Managing Sickness Absence caused by other Health Issues	15 – 16
	IVF Treatment	15
	Elective or Cosmetic Surgery	15
	Doctor, Dental and Hospital Appointments	15 – 16
	Mental Health Problems	16
	Pregnancy	16
	Drug and Alcohol Misuse	16
13.	Return to Work Procedure	16 – 19
	Return to Work Interview	17
	Preparation	17 – 18

	During the Interview	18 – 19
14.	Types of Sickness Absence	19 – 20
	Frequent Short Term Absences	19 – 20
	Long Term or Medium Term Absence through Ill Health	20
15.	Procedure for Managing Frequent Short Term Sickness Absences	20 – 24
	Informal Meeting	21
	First Formal Interview	22
	Referral to Occupational Health	22 – 23
	Second Formal Interview	23 – 24
	Dismissal / Termination of Employment	24
16.	Procedure for Managing Long Term Sickness Absence	24 – 25
	Informal Meeting	24
	First Formal Options Meeting	24 – 25
	Second Formal Options Meeting	25
	Final Options Meeting / Termination of Employment / ill Health Retirement	25 25
17.	Line manager Actions following Occupational Health Recommendations	25 – 26
18.	Procedure for Phased Return to Work	26 – 28
	Introduction and Aims	26 – 27
	Pay and Occupational Sick Pay during a Phased Return	27
	Authorisation	27
	Process	27
	Component of a Phased return	27 – 28
19.	Alternative Employment / Redeployment	28 – 29
20.	Ill Health Retirement	29 – 30
21.	Dismissal / Termination of Employment	30 – 31
22.	Appendices	
	Appendix 1 - Referral to Occupational Health Procedure	32 – 33
	Appendix 2 – Manager Occupational Health Referral Form	34 – 37
	Appendix 3 – Return to Work Interview Form	38 – 39
	Appendix 4 – What to do if you are off sick	40 – 41
	Appendix 5 – Sample Letter A	42
	Letter to employee absent without permission	

Appendix 6 – Sample Letter B	43
Letter to employee absent without permission, Warning of termination of Contract	
Appendix 7 – Sample Letter C	44
Letter to employee absent without permission, Termination of Contract of Employment	

## Cambridgeshire & Peterborough CCG Managing Sickness Absence & Attendance at Work Policy and Procedure

### 1. Introduction

This policy and procedure applies to all employees of Cambridgeshire and Peterborough CCG (hereinafter referred to as the CCG). The CCG wishes to promote the health and wellbeing of all employees and encourages steps to maintain good health.

All employees have a duty to attend work unless they are unable to do so through sickness or injury or their absence has been approved. During periods of absence due to sickness, the CCG operates both statutory sick pay and the occupational sick pay provisions as detailed in the CCG conditions of service.

This policy provides guidance to employees on the procedure to ensure they are provided with relevant information.

It also provides Managers with guidance when dealing with employees with attendance issues, ensuring that equitable and consistent methods are used and that cases are dealt with sympathetically. It outlines the procedures concerned with sickness absence, ill-health incapability, and is a guide to good practice.

The policy also formally advises employees on sick leave or with health related problems of the effects and potential consequences for their employment.

The CCG recognises that genuine sickness absence and health problems are not usually attributable to the misconduct of an individual and therefore would normally be dealt with outside of the Disciplinary Procedure.

### 2. Payment During Absence

Payment will be made to employees who are absent from work due to either self or Doctor's certified sickness or work related injury.

**The maximum period of payment for absence due to sickness or injury depends upon the employee's length of NHS continuous service, this includes any continuous service with the current employer and any previous continuous service with an NHS organisation with a break of no more than 12 months, as set out in the table below;**

Period of continuous service	Period of full pay	Period of half pay
During first year of service	1 months	2 months
During second year of service	2 months	2 months
During third year of service	4 months	4 months
During fourth & fifth year of service	5 months	5 months
Over 5 years	6 months	6 months

Employees will qualify for contractual sick pay for any treatment, which is medically required and provided by the NHS.

Please note that, where appropriate, the CCG reserves the right to commence the procedure in accordance with any stage of the Managing Sickness Absence and Attendance at Work Policy and Procedure before contractual sick pay has expired.

### **3. Employee Responsibilities for Notifying of Absence**

Absence is defined as not reporting to work when required to do so.

Employees who are prevented from reporting for duty due to sickness should notify the appropriate manager as soon as possible in line with local reporting procedures. Unless exceptional circumstances exist, employees should speak directly to their manager, (or the designated manager), rather than leave messages with colleagues. If it is necessary to use a third party for a message, the employee must make every effort to ensure the message is passed to someone in authority and, where possible, must ascertain the name of the person with whom the message is left. Employees should not report absence via text messaging.

Wherever possible this should be prior to the period of duty and include the reason for absence, when the absence commenced and when a return to duty is expected.

Further details of the reporting procedure are detailed in Appendix 4.

#### **3.1. Self Certified Absence**

- a. **Self certified absence is absence of seven days or less, Saturday and Sunday included.**
- b. A **self certification form** on the P6 must be completed by the employee on their return to work, stating the reason for the absence. (For any absence of seven days or less, a doctor's certificate is not required if the CCG is satisfied that the absence is caused by sickness or work related injury).

#### **3.2. Certified Absence**

- a. **Certified Absence is for absence of more than seven consecutive days, which must be supported by a Statement of Fitness to work signed by a qualified medical practitioner.**
- b. Employees should not work where the Statement of Fitness for work advises them they are unfit for work. Employees can work where the medical practitioner has indicated they may work with adjustments on the Statement of Fitness for work. Additionally the Occupational Health Adviser may be consulted on this point during a period of sickness.
- c. A Sick Leave Notification form (P6) must be completed for each period of absence. Original medical certificates should be retained by the manager in the

employee's HR personnel file for reference and inspection by the Department of Social Security. Managers should ensure the P6 is submitted in order that payroll is notified when an employee returns from sick leave so that sick pay can be adjusted accordingly.

- d. Employees returning to work following a period of sickness should give maximum notice of their intention to their line manager, to ensure that cover is not arranged unnecessarily. On return to work, a return to work (RTW) interview will be held between the employee and their Line manager. **A form to record the Return to Work is attached as Appendix 3.**
- e. Employees who fail to report for work on time at their planned place of work are considered absent and are not entitled to pay unless they are genuinely sick and have notified their line manager in accordance with the reporting procedures.
- f. Where an employee persistently fails to follow the sickness reporting procedures this may result in the employee being considered absent without permission and disciplinary action may be taken. Please refer to section 7 below.
- g. The CCG reserves the right to request medical certificates at more frequent intervals.
- h. Where an employee attends for work but is unwell and goes home before 12 noon, or before working half of their allotted shift, this will be recorded as one whole day's sickness. Where the employee goes home after 12 noon, or after working more than half their shift, the absence will be recorded as a half day's sickness.

#### **4. Absence without Permission**

If an employee does not return to work and makes no contact, the manager should try to establish contact. This initial contact should be by telephone, however if a response cannot be obtained a letter should be sent. If there are exceptional circumstances and there is serious concern for the wellbeing of the employee, a risk assessment should be undertaken if a visit in person is deemed necessary. The line manager should bear in mind personal and domestic circumstances and should be particularly anxious to contact those who live alone or are known to have difficult circumstances.

4.1. If you have been unable to make contact with the employee you must advise HR and then;

- a. Write to the employee asking them to contact you to discuss their absence. The letter should be sent by Recorded Delivery. Please see Appendix 5 for a template letter, sample letter A.
- b. If you do not receive a reply and no information comes to light from other sources, e.g. work colleagues, relatives, etc, the manager should consult with HR before sending another letter. This letter should be sent by Recorded

Delivery. Please see Appendix 6 for a template letter, sample letter B.

- c. If the employee returns to work, you should carry out a return to work interview to establish the reasons for absence. It may be appropriate to treat the situation as misconduct. In these circumstances it may be appropriate to invoke the CCG Disciplinary Policy and Procedure. Please consult HR if you wish to take this action and refer to the CCG Disciplinary Policy and Procedure for further information.
- d. If the employee does not return to work and no contact has been made, a letter should be signed and sent by a manager with dismissing authority. Please see Appendix 7 for a template letter, sample letter C.
- e. Sick pay may be withheld until you have been in contact with the employee and are aware their absence is due to sickness. Please consult HR if you wish to take this action. You should consider refunding sick pay where there was a genuine reason why the employee could not contact you on the first day of their absence.
- f. It is important to note the CCG is expected to make every effort to make contact with the individual and to pay due regard to domestic and personal circumstances.

## **5. Sickness Absence and Annual Leave**

If an employee becomes ill during a period of annual leave, leave may be re-instated provided the employee has notified their line manager by telephone in accordance with the reporting process, or on production of a Statement of Fitness for work from a doctor. Only days covered by the certificate will be re-instated. If an employee is taken ill whilst abroad, the employee needs to obtain a medical certificate if he/she wishes to have annual leave re-instated. This certificate may be a copy if the original is required for insurance claim purposes.

- a. Where an employee's absence starts in one leave year and ends in the following annual leave year they may be unable to take all their annual leave. In such circumstances the CCG will enable the employee to carry forward untaken annual leave into the new leave year.
- b. If the employee returns to work so late in the leave year that he/she does not have time to notify and take their annual leave, the CCG will enable the employee to carry forward outstanding annual leave into the new leave year.
- c. Where an employee has been absent for a whole annual leave year and then returns in the following year they will be able to carry over the untaken balance up to their statutory leave entitlement (four weeks) into the new leave year.
- d. If an employee requests annual leave whilst they are on sick leave, they can take the leave, provided their doctor confirms they are fit to do so on their Statement of Fitness for work.

- e. If an employee takes a holiday either in the UK or abroad they should still notify their line manager that they will not be contactable.

## **6. Line Manager's Responsibilities**

It is important for the line manager and absent employee to remain in touch during the period of sickness in order to facilitate the mutual exchange of information and accordingly both parties should ensure they are accessible and willing to meet for this purpose. Employees should therefore expect their manager to get in touch with them during their sickness absence.

### **6.1. Manager's responsibilities are:**

- a. To ensure all employees are fully aware of their responsibilities in relation to sickness absence reporting;
- b. To monitor and manage employee absence in the team they manage;
- c. To maintain regular contact with employees who are absent;
- d. To ensure documentation is completed in a timely and correct manner;
- e. To treat all information obtained, and documentation about employee sickness, as confidential;
- f. To review the absence levels of all their employees at regular intervals.

It is often thought that if an employee provides a medical certificate, managerial action cannot be taken. This is not the case and occasions will arise where it will be appropriate to review the attendance record of an employee, because of the effect on the normal running of a department, alongside the difficulties caused for other employees.

### **6.2. In Conclusion**

- a. You should remind the employee about the importance of good attendance and the standards expected;
- b. Tell the employee that all absence is monitored on a continuous basis;
- c. Where, in the view of management, an employee may be misusing the concession related to uncertified sick leave, he/she shall be required, after appropriate notice, to furnish a medical certificate, in respect of subsequent periods of sick leave from the first day of absence.
- d. In cases where attendance levels are of concern you must tell the employee that further absence may lead to action being taken in line with this policy or the CCG Disciplinary Policy and Procedure or the CCG Capability at Work and Unsatisfactory Performance Policy and Procedure.

Please see section 8 below on Monitoring.

## 7. Employee Responsibilities

7.1. Employees will:

- a. Attend work regularly and only be absent due to ill health;
- b. Ensure they are familiar with the correct reporting procedures for notifying sickness absence;
- c. Maintain contact with their line manager throughout the period of absence;
- d. Refrain from activities that delay their return to work;
- e. Attend management and Occupational Health meetings when requested to do so as part of absence management;
- f. Participate in rehabilitation programmes and modification of duties as advised by their line manager in conjunction with Occupational Health.

## 8. Rights of Representation

Employees have the right to be represented by a Trade Union representative recognised by the CCG or by a work colleague in a non-professional capacity, at any formal interview related to their sickness record or health problems. The employee should be advised of this right in writing.

## 9. Human Resources and Payroll Responsibilities

9.1. HR staff will be available to discuss problems and give advice when an employee's attendance gives rise for concern. **HR must be consulted about an employee's sickness absence prior to any formal interview being arranged.**

9.2. In cases of sickness resulting from a work related injury, the Pensions/Payroll Department and/or HR will give appropriate advice on how to access Temporary Injury benefits, if applicable. If employment ceases, Permanent Injury benefits may be pursued in relevant cases.

The Pensions/Payroll Department will provide advice on Pension benefits.

9.3. Specifically, the HR department will:

- a. Review the attendance management policies to ensure they continue to meet legal requirements and the needs of the CCG;
- b. Support employees and managers in the application of this policy and procedure;

- c. Provide formal and informal training and support for managers in the application of this policy;
- d. Ensure all parties work within the timescales and processes in this policy.

9.4. The CCG provide a free and confidential counselling service which can be accessed at any time. Insight Wellbeing at Work can be contacted by telephone on: **0800 027 7844** (free from landlines) and **0300 555 0120** (can be used with free minutes on mobile call plans). Further information about this service can be found at [www.insighthealthcare.org/wellbeingatwork](http://www.insighthealthcare.org/wellbeingatwork)

## 10. Monitoring

- 10.1. It is good management practice and vital to the success of an effective absence management policy to monitor and review the levels and reasons for sickness absence in a consistent way. Employees should be asked to indicate the reason for absence when reporting unfit for duty. **'Sick' or 'ill' should not be accepted.** This follows the principle contained on all self-certification forms.
- 10.2. It is the line managers' responsibility to ensure that a complete and accurate record is kept of all their employees' attendance, including reasons for absence, and that these are reported via the P6 forms so that central records can be maintained.
- 10.3. Managers should take into account the following sickness absence triggers when deciding how to proceed and what action to take in the management of absence. A consistent approach should be adopted across the CCG to ensure all employees are treated in a fair and consistent way.
  - a. Three episodes of sickness absence of any duration, self or GP certified in a consecutive period of three months;
  - b. Five episodes of sickness absence of any duration, self or GP certified in a twelve month period;
  - c. Any recurring pattern of sickness/absence over a long period; or
  - d. Has been absent for two weeks or longer.
- 10.4. The HR Department can provide Senior Managers with a report on sickness absence derived from the information submitted to SERCO on P6 forms. The report will provide details of the sickness absence percentage rate by department, hours lost and the lost time cost.
- 10.5. Sickness absence percentage rates will be notified to the CCG Board on a regular basis.

## 11. Managing Sickness Absence caused through Disability

The Equality Act 2010 makes it unlawful for employers to discriminate against current or

prospective employees with disabilities because of a reason relating to their disability.

The legislation is different from other discrimination legislation as it places positive duties on employers to think carefully about the needs of people with disabilities. Failure to do so leaves employers vulnerable to legal action.

The legislation defines disability as: 'a mental or physical condition, which has a substantial and long-term adverse effect on the employee's ability to carry out normal day-to-day activities'. 'Long-term' means the condition must last, or be likely to last, for more than 12 months. The employee's ability to carry out normal day-to-day activities can be adversely affected in one or more of the following ways:

- a. mobility
- b. manual dexterity
- c. physical co-ordination
- d. ability to lift or otherwise move everyday objects
- e. speech, hearing or eyesight
- f. memory or ability to concentrate, learn or understand
- g. understanding the risk of physical danger

Discrimination occurs when a disabled person is treated less favourably than a person without a disability and, the treatment is for a reason related to the disability and that reason does not apply to the other person and cannot be justified.

#### 11.1. Reasonable Adjustments

The CCG is under a legal obligation to make reasonable adjustments to ensure that people defined as disabled in law are not put at substantial disadvantage due to their disability. The CCG must fully consider making any reasonable adjustment to working practices, equipment and premises. Such adjustments could include:

- a. making adjustment to premises;
- b. allocating some of the disabled person's duties to another person;
- c. altering hours of work;
- d. specific training;
- e. modifying instructions or reference manuals;
- f. providing a reader or interpreter;
- g. providing supervision;
- h. agreeing to a different place of work;
- i. acquiring or modifying equipment;
- j. transferring the person to fill an existing vacancy

A failure, without justification, to comply with this duty will amount to an act of discrimination. The Act allows financial and other costs to be taken into account, together with the extent of the employer's financial resources when considering whether it would be reasonable to make any adjustments.

Managers should not make assumptions about appropriate adjustments for an employee and should consult with, and consider suggestions made by the employee with a disability. Whether an employee has a condition recognised

under the Equality Act should be assessed and confirmed by an Occupational Health Practitioner.

Human Resources and Occupational Health should be involved in cases of employee disability and reasonable adjustment at the earliest opportunity.

Absence due to disability, i.e. attending consultants appointments linked to the disability, attending hospital for regular blood tests, etc., should not be counted as sickness.

#### 11.2. Access to Work Scheme

Specialist advice and support on modification of duties may be obtained from the Department of Work and Pensions Access to Work Scheme. The individual employee is required to apply for assistance, although in some circumstances the employer may contact Access to Work. For further information contact Access to Work via the local Job Centre or website <http://www.jobcentreplus.gov.uk>

### **12. Managing Sickness Absence caused by Other Health Issues**

#### 12.1. IVF Treatment

An employee who is recovering from IVF treatment will be entitled to statutory sick pay and contractual sick pay if they present a Fit Note from their Doctor which states that they are not fit to work.

Time off for IVF appointments should be arranged where possible outside of normal working hours, by use of flexible working. Please see section 12.5 below.

#### 12.2. Elective or Cosmetic Surgery

Employees have the statutory right to paid time off for the purposes of undergoing cosmetic or elective surgery, including laser eye surgery provided a Medical Consultant or Practitioner has certified that such surgery is essential to the employee's health or well-being.

Where surgery is not medically certified as necessary Annual Leave or Unpaid Leave should be arranged in advance and taken.

However, an employee who is recovering from cosmetic surgery will be entitled to statutory sick pay and contractual sick pay provided they present a medical certificate that states that they are not fit to work.

#### 12.3. Doctor, Dental and Hospital Appointments

(Other than for Antenatal purposes, please see the Maternity, Paternity & Adoption Policy and Procedure)

Where possible, employees are encouraged to arrange such appointments outside normal working hours, or alternatively to work their hours flexibly to accommodate any appointments.

Where appointments cannot be arranged outside of normal working hours, consideration will be given to the following paid time off;

- a. GP or Dental appointments: one hour
- b. Hospital or Out Patients appointments: two hours

#### 12.4. Mental Health Problems

If a manager has concerns at any stage regarding an individual's mental health, this should be explored. This may have come to a manager's attention due to the employee's absence record or due to behaviour at work.

Such behaviour is difficult to outline, however, any employee who appears to have excessive use of counselling or medical service, self-harming behaviour, such as attempted suicide, self-laceration or eating disorders should be referred to an occupational health physician without delay.

The Occupational Health service must be aware of the reason for referral to ensure all concerns are fully investigated.

#### 12.5. Pregnancy

Pregnancy is not an illness and any days of absence that are as a result of pregnancy must not be included in the calculations of days of sickness, e.g. antenatal appointments. Sickness that is not directly related to the pregnancy should be monitored in the normal way.

Once maternity leave has ceased, normal monitoring of sickness should be undertaken, unless the absence is related to the pregnancy, guidance should be sought from Human Resources as appropriate.

Maternity Pay/Leave may commence automatically if an employee is sick due to a pregnancy related reason in the latter stages of the pregnancy. Please refer to the CCG Maternity, Paternity & Adoption Policy and Procedure for full guidance on this matter.

#### 12.6. Alcohol or Drug Misuse

Issues may arise because of a combination of social, work or health factors. Those problems, which affect work performance, will be addressed by the CCG in a sympathetic manner and, as far as possible, as an issue of health rather than conduct. Please refer to the CCG Alcohol and Drugs Policy and Procedure for further guidance.

However in some cases these issues may be related to misconduct and disciplinary action may be appropriate. In this event guidance should be sought from Human Resources. Please refer to the CCG Disciplinary Policy and Procedure for further information.

### **13. Return to Work Procedure**

On return to work from a period of sick leave absence, managers must ensure the employee signs the relevant section of the P6 Sickness Notification form to verify its

accuracy and also to inform SERCO of their return to work.

### 13.1. Return to Work Interview

#### **Please see Appendix 3 for the Return to Work Form**

A Manager should, as a matter of routine, see an employee upon their return to work from sickness absence to discuss the reason for their absence, ensure they are fit to return to work and complete a self-certification form. Such informal discussions are particularly important where the employee has had any previous periods of sickness absence in the previous six months or has had:

- a. Three episodes of sickness absence of any duration, self or GP certified in a consecutive period of three months; or
- b. Five episodes of sickness absence of any duration, self or GP certified in a twelve month period; or
- c. Any recurring pattern of sickness/absence over a long period; or
- d. Has been absent for two weeks or longer.

The Return to Work interview enables managers to fully understand the situation and determine the level of support required.

Where possible the employee should be interviewed on their first day back at work and no later than five working days following their return to work, by their line manager or nominated person. It is usual for the manager and the employee to meet alone, however in certain circumstances more than one manager may be present at the meeting, this may be as a note taker, a clinical lead, to translate or where a female/male presence may assist with the meeting. In these situations consideration should be given to allowing the employee to be accompanied by a Trade Union representative or a work colleague acting in a non-professional capacity.

To maintain consistency and fairness all staff should be interviewed.

### 13.2. Preparation

Before the interview it is useful to check the individual's attendance record, identify any areas of concern or repetitive patterns of absence and any previous action taken for high absence levels.

If the individual has a poor attendance record it is useful to have the record of absence available during the interview so the line manager can show the individual the facts about the absence, rather than asking the individual to recall them.

It may be the case that the line manager and individual have previously agreed some action points as a result of an absence. For example, simple modification of hours or work, or a temporary change of job tasks. The line manager should check

whether these action points have happened before beginning the interview.

### 13.3. During the Interview

The basic content of the Return to Work interview should be the same for all staff. Clearly, if the individual has a good attendance record it is likely to be a short interview. In either case the interview should cover the following points;

- a. Welcome the employee back to work;
- b. Explain the purpose of the Return to Work Interview, which is to gain a full understanding of their situation;
- c. Enquire into the reason for absence;
- d. Allow the employee to explain their absence;
- e. Assess whether the reasons offered for absence are consistent with any other reliable available evidence;
- f. Identify if there are any support requirements for their return;
- g. Use the opportunity to update them on any work related information;
- h. Probe deeper if you have any doubts or concerns about the absence;
- i. Seek clarification on whether there is an underlying problem;
- j. Refer to the individual's attendance history/record card (if you feel there are patterns developing in the absence e.g. absence on Mondays and Fridays, or absence for the same reason) talk to the individual and establish reasons;
- k. If the manager is concerned about the information obtained they should contact HR;
- l. It may be the case that an individual is embarrassed about revealing the nature of the illness. In these cases the line manager can suggest the individual talks to a member of staff of the same gender who could then in turn talk to the line manager on behalf of the individual. Ensure that the individual has this option available to them if appropriate and also that they realise the line manager will be told the details;
- m. Following the discussions of the nature of the illness, the line manager and individual should agree some action points (if appropriate) e.g. to talk again in a few weeks' time, review modified hours or duties, seek advice from HR. These action points should be noted on the Return to Work form;
- n. The manager should note any action points and ensure they are followed up on the date agreed;

- o. Only if the manager has evidence that the sick payment was fraudulently claimed can payment be withdrawn. In such cases consult HR immediately to discuss the issue.

## 14. Types of Sickness Absence

### 14.1. Frequent Short Term Absences

Short term absence is defined as a period away from work due to illness for a period of between one day and four weeks. Frequent short term sickness absence refers to a pattern of sickness consisting of frequent incidences of uncertified or certified sickness absence.

A range of conditions can cause persistent absence from a series of minor illnesses to a serious long-term medical condition. As such the line manager should obtain occupational health advice and discuss any adjustments that can be made to allow the employee to attend regularly, e.g. temporary reduction in hours, or an alternative role.

In some cases it may be necessary to consider following a formal process to dismissal / termination of contract of employment. In such cases the process to be followed is set out in section 17 of this document. Line managers will commence a formal process using the trigger points set out below. Line managers should always seek HR advice before taking further action. **Please refer to section 17**

Trigger points for action in cases of frequent short term absences are;

- a. Three episodes of sickness absence of any duration, self or GP certified in a consecutive period of three months; or
- b. Five episodes of sickness absence of any duration, self or GP certified in a twelve month period; or
- c. Any recurring pattern of sickness/absence over a long period.

### 14.2. Long Term or Medium Term Absence through Ill Health

Long term sickness absence is defined as an absence due to ill health or injury of four weeks duration with no immediate prospect of returning to work. The CCG recognises that employees may suffer illness or injuries, which are so severe that they result in an extended period of absence. These guidelines are intended to support employees during periods of long absence while providing a framework to manage the service impact of extended sick absence.

Line managers must keep in contact with the employee, to monitor progress, to determine any support required, and to establish a likely date of return. A referral to Occupational Health should be undertaken and/or, if there is additional information to add, ensure this is put in writing to the Occupational Health service.

Employees absent for more than **four weeks duration with no immediate date of return must be referred to the Occupational Health Service**. This will form the basis of following a process as described in section 17 below.

Line manager's should advise employees of the dates of half pay and no pay, which can be provided by Employment Services.

### **15. Procedure for Managing Frequent Short Term Sickness Absences**

When the sickness absence record gives cause for concern, the line manager should adopt the following staged procedure for resolving cases of frequent short term absences:

- a. Informal Meeting
- b. First Formal Interview
- c. Referral to Occupational Health
- d. Second Formal Interview
- e. Dismissal / Termination of Contract of Employment

**Please note, depending on the circumstances of the case, it may be appropriate to hold more than one informal or first formal meeting.**

The following details the procedure to be followed. If at any stage it becomes clear the absence is due to a physical or mental impairment that is classed as a disability, the CCG has a legal obligation to consider providing additional assistance to the employee. The manager should seek advice from Human Resources and refer to Occupational Health.

At each stage of the procedure it is imperative to ensure that all available options are considered as outlined above.

#### **15.1. Informal Meeting – Stage One**

When an employee's absence record gives cause for concern, the Manager should meet with the employee informally to attempt to alleviate the problem at an early stage. The reasons for the absence(s) should be explored and assistance to alleviate the problems should be offered wherever possible. **The guidance in section 16.1 on preparing for and conducting an interview will form the agenda for the meeting.**

It is usual for the manager and the employee to meet alone. Human Resources should be contacted for advice where the manager has concerns about meetings at this level.

The employee should be advised at the informal meeting that their sickness absence is giving cause for concern and that the manager wishes to gain a full understanding of the situation in order that both parties can agree an appropriate action plan, in order to achieve an improvement in their attendance at work. A review period will be set, not exceeding three months. The outcome of the meeting and any actions should be confirmed in writing to the employee within five days.

During the review period the line manager will review the sickness record monthly.

If, after a review period, there has been an improvement, the employee's efforts should be acknowledged. If necessary, a further action plan will be determined. The CCG will not proceed to the formal stage until any reasonable adjustments have been implemented.

If, however, the sickness absence record remains a concern, the line manager should move to the formal stage

## 15.2. First Formal Interview – Stage Two

If following review of a Stage one informal meeting there remains a cause for concern, a formal meeting should be convened with the employee to discuss progress. As this is a formal meeting a representative of HR should be present. The employee will be offered the opportunity to be accompanied by a Trade Union representative or by a colleague in a non-professional capacity..

A letter will be sent at least five working days in advance of the meeting, to detail the purpose of the meeting and the right of representation, as outlined in section 14.

At this formal meeting the following topics will be discussed:

- a. The contents of the Occupational Health report;
- b. If there is a continuing health problem the matter will be dealt with as a **long term sickness** matter. In this case the line manager will discuss options with the employee as set out in section 18 below. If the health problems are **frequent and short term sickness** absences and due to a variety of causes then this process will be followed;
  - If, after considering Occupational Health advice, and the employee has failed to achieve an improved attendance, the employee may be given a first stage warning for having an unsatisfactory attendance record under this policy.
  - The first stage warning will remain in force for a period of six months and the employee will be informed that if there is no acceptable improvement in attendance during the period, they are potentially putting their job at risk.
  - A review period of three months will be agreed during which time the employee will be expected to have an immediate and sustained improvement in their attendance.

The outcomes of the interview should be confirmed in writing to the employee and their representative, where appropriate.

Wherever possible, positive feedback should be given throughout the review period

to encourage and support the employee with their efforts to improve.

The employee has the right to appeal the outcome of this formal notification in writing, to the manager of the person who issued the review, within 14 days of the meeting.

#### 15.3. Referral to Occupational Health

Managers must ensure that referral to the Occupational Health Service is made using recognised processes, i.e. manager referral process. The manager is required to complete the Manager Referral Form, which can be found in Appendix 2 and is also available on the CCG extranet, and discuss the reasons for the referral with the staff member. The line manager should send a copy of the referral form to the employee and to the HR team as well as submitting to the Occupational health service. The line manager must ensure the employee is correctly informed of the role of the Occupational Health Service, its legal duty of confidentiality and the advice that the manager requires.

Managers should be aware that information contained in the Manager Referral Form is available to the staff member under the Data Protection Act and other legislation. It may also be appropriate to remind the employee that the CCG is entitled to request them to undergo a medical assessment if there is a justifiable reason.

When the Occupational Health Service receives the referral, an Occupational Health Advisor will screen it and if appropriate an appointment made with an Advisor or an Occupational Health physician.

If an employee declines to speak to an Occupational Health advisor, or if they do not attend the appointment, a further appointment will be made. The manager will be informed of the employee's failure to attend and advised to discuss the referral further with the staff member.

The Occupational Health Service will liaise with relevant medical practitioners to obtain medical advice where appropriate. Medical reports will be obtained from the GP/consultant (where required) in compliance with the Access to Medical Reports Act 1988.

The line manager must ensure that the employee has been advised of the availability of the Insight Wellbeing at Work counselling service, details of which can be found in the CCG extranet.

Referral to Occupational Health can be repeated as necessary at any stage in the procedure but it is essential to obtain up to date advice from the Occupational Health Physician if considering alternative employment, ill-health retirement or possible termination of employment. No dismissal or termination of contract should take place without the involvement of the CCG HR team and Occupational Health.

#### 15.4. Second Formal Interview – Stage Three

As with the earlier stage, when a review date is set, a meeting should be convened

with the employee to discuss their progress. Improvement should be positively acknowledged and continuing support and encouragement should be emphasised. Subsequent monitoring may be appropriate to help the employee maintain their improvement.

If no improvement in the attendance record has been achieved then a member of the HR Team must be present at this meeting and representation as defined above will be allowed. A letter should be sent in advance, as previously detailed.

If the sickness absence has not improved the employee should be advised at the interview that the situation is unacceptable. The same points as identified at the first formal interview should be covered and the failure to improve explored in detail.

The possibility of alternative employment may be considered at this stage. Whilst the CCG is under no obligation to create a post, efforts will be made within a redeployment period of eight weeks to find alternative employment if appropriate.

As previously, the employee must be told that if there are no improvements within a specified review period that after a further review meeting, it is possible that termination of their employment will result. A Final stage warning will be issued which will remain in force for a period of 12 months. During this time the sickness absence will be reviewed every three months. A review date will be set at the meeting. At the three month review if there has been no improvement, consideration will be given to moving on to the last stage, termination of employment.

The details of the interview should be confirmed in writing.

#### 15.5. Dismissal / Termination of Employment

If after the above stages, where an employee has been issued two formal warnings, the situation remains unsatisfactory and the sickness absence has still not improved satisfactorily, a subsequent formal meeting should be arranged to consider the termination of the employee's contract. This meeting will be chaired by an independent appropriate level of management. Please see Section 23 for further information.

### **16. Procedure for Managing Long term Sickness Absence**

If the employee's sickness absence is of more than four weeks duration and is unlikely to return to work immediately then the following process will be followed;

- a. Informal meeting
- b. First Formal Options meeting
- c. Second formal options meeting
- d. Final Options Meeting; termination of employment/ ill health retirement

#### 16.1. Informal Meeting: Stage One

The line manager should make regular contact with the absent employee. This may be done at the employee's home if this is most suitable to the circumstances. This

first meeting should be informal and arranged after one month's absence. The line manager should inform the employee that they will be referred to Occupational Health for advice on their health and the impact on their job/ duties. At this meeting the line manager should seek further information from the employee and explain the process to be followed. This meeting should be held at two monthly intervals or more frequently depending upon the Occupational Health advice and the agreed requirements of the employee.

#### 16.2. First Formal Options Meeting: Stage Two

If the absence continues, a formal options review meeting should be arranged. The timing of this will be determined by the Occupational Health advice in conjunction with HR advice. It should be no later than six months into the sickness absence. The employee will be offered the opportunity to be accompanied at the meeting by either their Trade Union representative or a work colleague acting in a non-professional capacity. At this stage the line manager will discuss the following options with the employee;

- a. Rehabilitation, which may include restricted duties or working times; please see section 20 below on phased return.
- b. Redeployment if appropriate; please see section 21 on alternative employment.
- c. Early retirement on grounds of ill health through the relevant pension scheme; please see section 22 below.
- d. Discussion that continued absence may result in termination of employment; please see section 23 below.

#### 16.3. Second Formal Options Meeting: Stage Three

If, following on from the stage 2 meeting the ill health continues, the employee will be referred back to Occupational Health to assess the current position and to seek advice on the options being considered. This meeting will be arranged no later than two months after the stage 2 meeting. At this meeting discussion will take place on the following:

- a. The outlook for recovery and return to work;
- b. Reduced duties;
- c. Return to a different post temporarily;
- d. The options discussed at Stage 2 above.

#### 16.4. Final Options Meeting; Termination of Employment / Ill Health Retirement

Following the Stage 3 meeting if, after another month, there is no prospect of a return to work a Final Options meeting will be arranged. The Line manager will be accompanied by HR and the employee will be offered the right to be accompanied. At this meeting all the options discussed above will be considered so the following will form the agenda;

- a. Any prospect of a return to work in the foreseeable future;
- b. Any suitable alternative roles to enable a return to work;
- c. The most up to date Occupational Health report setting out guidance;
- d. The current position with regard to sick pay entitlement;

- e. Any application for ill health retirement which should have already been made;
- f. The option to terminate employment on grounds of incapacity.

In this situation if all options have been explored and there remains no resolution the case will be referred by the line manager, in partnership with HR, to an independent senior level of management as defined in the scheme of delegation with authority to terminate employment. This decision will be confirmed in writing by the senior line manager with authority to dismiss within 14 days of the Final options meeting.

## **17. Line manager Actions following Occupational Health Recommendations**

The line manager is responsible for implementing Occupational Health advice, if it is thought that it is reasonable to implement the recommendations. The line manager should give consideration to the employee's needs and service provision.

The line manager should keep the situation under review, monitor progress and involve HR, where necessary.

If at any point during this procedure there is a change in the employee's medical condition, the line manager must discuss this with the employee and Occupational Health must be informed in writing and a further Occupational Health assessment carried out.

The restriction and the review period should be confirmed to the employee in writing following the standard format.

### **17.1. Where the restriction cannot be accommodated**

If the point is reached where the prospect of full recovery and a return to normal working is looking unlikely then every effort should be made to obtain suitable alternative employment for the employee.

- a. The employee will need to be made aware that for business reasons their restricted working is no longer possible. Always retain documentary evidence of all discussions, which should be confirmed in writing.
- b. If no suitable alternative work is available within the CCG and the employee has been on Long Term Sickness Absence, then guidance should be sought from HR and Occupational Health.
- c. If any other decision is not possible or inappropriate, the line manager is responsible for determining the appropriate course of action, taking into account advice from HR and occupational health.
- d. When considering dismissal linked to sickness absence, the reason for the CCG's inability, for business reasons, to accommodate the working restriction should be explained to the individual and notes kept of the meeting.
- e. Ultimately, ill-health retirement or dismissal may be the likely outcome. The grounds for the dismissal would be that the employee is no longer capable of

undertaking the duties for which they were originally employed. Before the final dismissal stage is reached, a further search for alternative work would be necessary. Advice should be sought from the HR team. Line managers should ensure that the employee remains on sick leave until a suitable way forward is determined.

- f. Whilst it may in the best interest of the employee to be dismissed after an absence of this length (in order to claim benefits etc), any dismissal for long-term absence must be handled with the utmost sensitivity.

## 18. Procedure for Phased Return to Work

### 18.1. Introduction and Aims

After a serious illness, major surgery or injury, returning to work can be tiring both physically and mentally for an individual. In these circumstances, Occupational Health may recommend a phased return to work; this is a **temporary** measure to enable the staff member to build up to their normal hours of work and job tasks over a short period of time, usually four weeks and should not exceed six weeks. It is not expected that all employees in these categories will require a phased return to work. Employees will be entitled to one phased return with full pay in any 12 month rolling period. Any subsequent phased return will be on reduced pay or the employee can utilise annual leave.

The aim of this procedure is to provide a framework for line managers and Occupational Health when assisting an employee back to fully effective working in a structured way taking account of;

- a. the needs of the individual;
- b. the needs of the job (physical & mental);
- c. the ability of the ward/department to accommodate an individual's needs;
- d. the health & safety of the individual and their colleagues.

The line manager is responsible for monitoring the progress of the phased return and ensuring that where required, further information is sought or provided to the Occupational Health Service and HR, as appropriate.

### 18.2. Pay and Occupational Sick Pay during a Phased Return

During a phased return to work, an employee usually receives full basic pay and occupational and statutory sick pay ceases. In certain circumstances an employee may wish to, or be requested to, use some of their annual leave as part of, or to support, their phased return.

If, during a phased return, an employee works shifts that attract enhancements, e.g. weekends, the employee will be entitled to enhancements as per Agenda for Change NHS terms and conditions.

### 18.3. Authorisation

A phased return can only be agreed and instigated on the recommendation of Occupational Health.

In determining whether or not a phased return is appropriate, and in consultation with HR advice, the line manager will take account of the individual circumstances of the case and Occupational Health advice regarding the individual's needs.

Phased returns are authorised at the line manager's discretion, although it should be accepted in principle that, where possible, the manager will accommodate a phased return. For phased return purposes only the line manager is the budget holder for the department.

### 18.4. Process

Employees who have had a serious illness, major surgery or injury, or have been absent from work for more than four weeks, must be referred to Occupational Health so that guidance on the most appropriate phased return plan can be implemented. Employees must be certified as fit to return to work by Occupational Health.

The line manager will discuss the phased return arrangements with the Occupational Health Service. The purpose of this discussion is to ensure that:

- a. the individual's needs are met;
- b. the department is able to accommodate the phased return to work or whether it is more appropriate for the employee to remain absent.

If a self-referral has been made, Occupational Health may discuss this policy with the individual and will reiterate that a phased return may **only** be authorised by the line manager and the individual may not return to work until this process has been completed.

Occupational Health will provide the individual, line manager and HR with a Health Assessment detailing their recommendations regarding the phased return to work.

The manager will confirm to the employee whether they can accommodate the phased return and discuss and agree the components of the phased return, recording this agreement by signing the Return to Work Form, as in **Appendix 3**.

### 18.5. Component of a Phased Return

<b>Length</b>	Typically a phased return will last no longer than four to six weeks. It will only be authorised if a return to full duties is expected.
<b>Number of Days Worked</b>	The employee must be capable of working a minimum of three or four days (shifts) per week or pro rata if part time, although some individuals may be capable of working five short days immediately.
<b>Out of Hours</b>	Due to the staffing arrangements in some areas, it is not always possible for individuals who have physical limitations to work out of

<b>Working</b>	hours as it could put their own and their colleagues' health and safety at risk.
<b>Hours Worked</b>	<p>In many cases an employee will not be able to undertake a full day (shift) immediately. However, an individual will normally be fit to return to work for a minimum of four hours on the days worked, building up to their contracted hours (or in some cases revised contracted hours) by the end of their phased return to work.</p> <p>During a phased return, working hours may need to be arranged to suit the individual's needs and/or ward/ department's needs, e.g. mornings, mid-days, afternoons, evenings, twilight or night shifts. If an individual is capable of fulfilling their contracted hours by adopting an alternative working pattern they will be expected to do this.</p>
<b>Alternative Duties</b>	During the phased return period an employee who is capable of working their contracted hours, but not capable of undertaking their full range of duties, may be required to undertake alternative duties interspersed with their normal duties to make up their contracted hours. This work will be related to their job and/or their ward/department and could involve administration, project or research work.

Following a rehabilitation programme that proved unsuccessful, a permanent modification of hours of work or duties may be recommended by the Occupational Health service.

Where a reduction in hours is agreed, or an individual returns for a limited time on a job of lower status, line managers should discuss the issue of pay with their HR representative.

## 19. Alternative Employment / Redeployment

If the subsequent report from Occupational Health indicates the employee is incapable of carrying out the duties of their current post but may be able to perform suitable alternative duties, the CCG will support the individual to find such employment for an **eight week** redeployment period. During this time HR will undertake a skills audit to identify the type of work the employee may be able to undertake within the recommendations made by Occupational Health and will ensure all suitable vacancies are made available. Assistance with application forms and interview preparation will be provided if required.

The CCG will support the employee to identify vacancies, however it is the responsibility of the employee to submit an application and there is no requirement for the CCG to create such a post.

If, after a thorough search for alternative work, no suitable work is available then it may be necessary to consider termination of the employee's contract of employment.

Should an employee unreasonably refuse any alternative offers of employment, the implications must be fully discussed with the employee and their representative if

requested. If no agreement can be reached on the acceptability of alternative employment, the employee's contract may be terminated on the grounds of incapability.

Where an employee takes suitable alternative work they will be appointed on the salary and terms and conditions of the new post. In these circumstances there will be no protection to salary or compensation for excess mileage should the employee work from a different base and they may be expected to work different days/hours.

If redeployment is due to a workplace disease or accident the employee may have an entitlement to Permanent Injury Allowance. Advice from HR and the Pensions Department should be sought.

## **20. III Health Retirement**

If all the preceding modifications and recommendations have been investigated and have proved unsuccessful, early retirement due to ill health should be considered and involvement sought from Occupational Health.

Ill-health retirement can only be considered in cases where an employee is unable to return to their substantive post and where adjustments to the employee's current post, redeployment and retraining options have been considered.

They must also have been a member of either the NHS or Local Government pension scheme for a minimum period of two years. The Occupational Health Physician must also support the employee in their application.

The Occupational Health Physician will only support applications if it is believed that the health condition is permanent or that the employee will be unable to provide regular and efficient service again in the future.

However, the final decision as to whether an ill health pension will be paid to an individual lies with the NHS Pension Scheme and is subject to an application by the employee; or the Independent Practitioner appointed by the Local Government Pension scheme.

Further details about potential pension benefits and the application process are detailed in the separate NHS or Local Government Pension Scheme rules. Further information regarding this can be sought from the pensions administration team on 0800 027 7844, in the first instance.

If the Pensions Agency or the Local Government Pension Scheme subsequently rejects an application for Ill Health Retirement and unless there is a significant improvement in health that will enable the individual to return to work, the CCG will still consider terminating the employee's contract on grounds of ill health.

### **20.1. Process**

If Occupational Health supports Ill Health Retirement the line manager should arrange a meeting with the employee, the employee's representative (if applicable) and HR to discuss the report from Occupational Health, the Ill Health Retirement process and the outcome, should the application fail. This meeting should be

confirmed in writing.

Where an application for Ill Health Retirement is successful, the line manager should meet with the employee to agree a leaving date. Any outstanding annual leave entitlement from the current leave year should be paid in lieu.

Where the application for Ill Health Retirement is rejected, a subsequent formal meeting with a manager with dismissing authority should be arranged to consider the termination of the employee's contract, which should be confirmed in writing.

If the employee is too ill to attend a meeting, or is not capable of participating, careful and sensitive enquiries should be made to establish if anyone is acting on behalf of the employee and arrangements made to meet with him/her.

Further information can be gained from HR and from the relevant pension department.

## **21. Dismissal / Termination of Contract**

Any dismissal from the CCG on grounds of sickness and/or absence must be handled with sensitivity and will only be considered after all other possible options have been thoroughly investigated. The decision to dismiss should have been discussed as a possible outcome with the employee as early as possible.

Prior to making the decision to dismiss an employee, evidence must be provided that the correct procedure has been followed.

In accordance with the CCG's Policy, the case must be passed to a manager with the authority to dismiss. A manager with the authority to dismiss will arrange a formal meeting to review the case and consider the final decision as to whether to terminate the employee's contract. A Senior HR Manager or an HR Advisor should accompany the manager with the authority to dismiss. A letter should be sent to the individual inviting them to the meeting and advising them that one possible outcome of the meeting could be the termination of their contract of employment. This letter must also include their right to representation.

The line manager, with the assistance of HR, should provide details of actions taken, previous discussions and assistance that have been provided (e.g. adjustments, Occupational Health referrals, trial periods, alternative work). These should be discussed and confirmed at the meeting.

Where appropriate the line manager responsible for managing the employee's sickness may be requested to attend the meeting to give an account of the employee's sickness and the employee may present any factors in mitigation. The employee should be advised of the manager's attendance in writing. Any relevant documents/records can be made available prior to the meeting on request.

The dismissing officer must be satisfied that any reasonable adjustments that are practical have been made to accommodate an employee prior to dismissal, as outlined in Section 11. In addition, a referral to Occupational Health has been made within the

three months immediately prior to the meeting date. If they are not satisfied that all the above have been covered, they should not proceed to dismissal at this stage.

If the dismissing officer is satisfied that there would be no prospect of the employee returning to work in the foreseeable future and all reasonable steps have been taken, following an adjournment, employment may be terminated. In these circumstances employees will receive contractual notice as per the Terms and Conditions of Service.

The decision to terminate an employee's contract of employment must be confirmed in writing as soon as possible after the meeting, outlining the reasons for the dismissal and detailing the individual's right to appeal. An appeal should be sent in writing to the Head of OD and HR within 21 days of the letter confirming the outcome. .

If the employee is too ill to attend a meeting, or is not capable of participating, careful and sensitive enquiries should be made to establish if anyone is acting on behalf of the employee and arrangements made to meet with him/her.

Further information can be gained from HR and from the pension department.

## **Cambridgeshire & Peterborough CCG Managing Sickness Absence and Attendance at Work Policy and Procedure**

### **Appendix 1 - Referral to Occupational Health Procedure**

#### **1. Introduction**

Occupational Health has a very important role to play in the handling of cases involving sickness absence and on-going health related problems. They provide advice and guidance to both the employee and to the employee's Manager. However, the final decision about the employee's continued employment is the responsibility of the appropriate manager. He/she will reach the decision having taken into account all relevant information, including the advice from Occupational Health.

#### **2. When to refer to Occupational Health**

Referrals to Occupational Health can be undertaken by the employees' line manager under the following circumstances:

- a. Arising from a medical condition or recurrent medical problem that may be causing difficulty for the employee at work. For example, persistent back/neck/shoulder pain that may require adjustments to the individual's work station;
- b. Arising from short-term or medium-term sickness absences. An individual whose sickness absence is giving cause for concern and who has been formally interviewed regarding such absence may be requested to attend for a medical consultation and assessment to determine if:
  - there is any underlying medical condition;
  - there is a need to consider alternative employment;
  - treatment or help is recommended to alleviate the situation.
- c. Arising from long-term sickness absence or health problem. An individual who has been on continuous sickness absence for four weeks (or more) or has been undertaking restricted duties for a limited period as a means of rehabilitation may be requested, in accordance with their Terms and Conditions, to attend a medical examination and assessment to determine, as appropriate:
  - the medical condition causing the sickness absence;
  - a date when the employee will be fit enough to return to work/full duties;
  - if able to return, whether there will be any restrictions on duties;
  - if alternative employment is recommended and what type;
  - if treatment or help is recommended.

#### **3. Process of Referral**

The referral to Occupational Health for any of the reasons above should be made by the appropriate manager in conjunction with HR.

The purpose of the referral must be previously fully discussed with the individual concerned, and their representatives if appropriate, before sending the OH Manager

Referral Form, which can be found in Appendix 2.

The referral paperwork should provide Occupational Health with factual information on the employee and the health issues, and the Manager Referral Form should be completed in full, with all fields completed. If any fields within the Manager Referral Form are not applicable to the case, this should be stated on the Manager Referral Form. The name of a CCG HR team member should always be included on the Manager Referral Form. Additional questions may be included on the Manager Referral Form.

Occupational Health will send a response to the Manager and HR within one week of seeing the employee, giving as full a reply as possible. A further report may be necessary when additional information has been received from the employee's GP/Consultant, which enables specific questions to be answered.

#### **4. Failure to Co-operate in providing Medical Information**

If an employee refuses to co-operate in helping management to establish any medical condition, the employee should be advised in writing that in the absence of a medical report, management will eventually have to reach a decision on the information available to them.

#### **5. Reports from Occupational Health Doctor**

Reports from the Occupational Health Doctor will normally fall within one of the following categories:

- a. Fit to continue in present job, which may include a phased return;
- b. Will be fit to return in foreseeable future/ at given date;
- c. The employee is incapable of carrying out the full duties of their current post, but may be able to perform, or will give more regular attendance, if performing suitable alternative duties/hours within the organisation. Whilst the CCG is under no obligation to create a specific job for an employee who becomes permanently unfit to undertake the duties he/she was employed to do as a result of ill-health, efforts will be made to search for alternative employment which is compatible with the medical limitations of the person involved and any specific recommendations made by the Doctor.
- d. Due to serious illness or injury the employee concerned is incapable of any work in the foreseeable future. The employee should be asked to attend an interview with the appropriate CCG Dismissing Officer, where the medical report should be discussed and the employment terminated on grounds of incapability due to ill-health as detailed in Section 24-26.

**Cambridgeshire & Peterborough CCG  
Managing Sickness Absence and Attendance at Work Policy and Procedure**

**Appendix 2 – Manager Occupational Health Referral Form**

	<b>OPTIMA HEALTH</b>	F-CG171C Issue 1 – 14/04/2015
	<b>NHS Manager Referral</b>	
<p><b>Please fully complete all fields within the referral form to ensure this can be actioned in a timely manner, if information is missing the referral cannot be processed and a delay may occur.</b></p>		
<b>Referring Manager's details</b>		
Managers name;	Managers email address;	
Managers contact number;	Alternative contact number;	
<b>Organisation</b>		
Trust;	Date of Referral;	
Directorate;		
<b>Employees' details</b>		
Title;	Surname;	Forename;
D.O.B;	Work location;	Job title;
Home Address;		
Postcode;		
Home Telephone;	Mobile Telephone;	Work Telephone;
Confidential Email address; <i>This will be used to contact the employee and send the report to;</i>		
<b>Absence</b>		
Is the employee currently absent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes – please give dates current absence commenced;		
Reason for current absence;		

If No – Are they currently at work with a health concern? Yes  No

If Yes – Please advise what the health concern is?

**HR Details;** If we receive these details, this email address will be used to send a copy of the report to

HR Name;	Email address;
Contact number;	Alternative contact number;

Please identify if known any date/s the employee is not available for either a telephone or face to face consultation;

--

**Background information for occupational health professional;**

**Reason for Referral;**

Short Term Sickness   
 Long Term Sickness   
 Other Health Concerns at Work

**Please outline key employees duties;**

--

**Job hazards associated to the job role; Please tick all that apply;**

Exposure to blood / bodily fluids	<input type="checkbox"/>	Work with natural latex	<input type="checkbox"/>	Shift / night work	<input type="checkbox"/>
Control & restraint (PMVA)	<input type="checkbox"/>	Work using display screens	<input type="checkbox"/>	Work involving food handling	<input type="checkbox"/>
Work using skin irritants / allergens	<input type="checkbox"/>	Work can be stressful at times	<input type="checkbox"/>	Lone working	<input type="checkbox"/>
Work using lung irritants/ allergens	<input type="checkbox"/>	High noise exposure	<input type="checkbox"/>	Exposure to ionising radiation	<input type="checkbox"/>
Manual handling of loads	<input type="checkbox"/>	Work with hazardous machinery	<input type="checkbox"/>	Work at heights	<input type="checkbox"/>
Work involving manual handling	<input type="checkbox"/>	Exposure to hazardous chemicals	<input type="checkbox"/>	Work in confined spaces	<input type="checkbox"/>
Actually/likely performs EPPS	<input type="checkbox"/>	Work involving driving	<input type="checkbox"/>	Other;	<input type="checkbox"/>

Please outline employees hours worked / shift pattern;

Please outline the reason for referral; detailing dates and reason for absence, in work health concerns, whether facing disciplinary action or suspended;

If adjustments or provisions have been put in place to support the employee with this health issue please provide details;

### Standard Questions;

The occupational health report will address the following questions in all cases;

- 1 – Is the reason for ill health; permanent, fluctuating, progressive or resolvable?
- 2 – Is the employee fit to carry out their normal duties at present? If not please outline any recommendations or adjustments for consideration.
- 3 – Is the employee likely to be covered by the disability provisions of the Equality Act (2010)?
- 4 – If the employee is absent when is a return to work likely? Please outline anticipated timescales.

### Optional Questions;

Please tick additional questions you would like answered

Would temporary or permanent redeployment be advised?	<input type="checkbox"/>
Is the employee fit to attend a meeting or hearing in accordance with Trust policies?	<input type="checkbox"/>
In your clinical opinion is the employee likely to meet the criteria for Ill Health Retirement?	<input type="checkbox"/>

### Additional Questions;

You can ask a further two questions;

Question 1 –

Question 2 –

Optima Health accepts this request ONLY on the understanding that the employee is fully aware of the referral that they have consented to this being sent to us and has consented for named managers and HR to receive a copy of the report/s. Also that they have received a copy for their records

**Manager's declaration;**

I confirm that I have discussed the reason for this referral, the process and the content with the employee and I have given them a copy;

Name;

Signature;

Date;

***Once completed, please send this form by email to Optima Health at [ang-sa.occupationalhealth@nhs.net](mailto:ang-sa.occupationalhealth@nhs.net) and provide a copy to the CCG HR team at [CAPCCG.HR@nhs.net](mailto:CAPCCG.HR@nhs.net)***

**What happens next...**

The referral form will be screened to ensure we have all the correct information and then the employee will be contacted in line with the KPI on your contract. You will be advised of the appointment date and following either a telephone or face to face appointment a report will be written by the Occupational Health Professional and sent to the referring manager, HR (if requested on the form) and the employee.

Please note that the employee has the right to view the report prior to this being sent to the manager & HR and has five days to send comments back to us.

**Cambridgeshire & Peterborough CCG  
Managing Sickness Absence and Attendance at Work Policy and Procedure**

**Appendix 3 - Return to Work Interview Form**

This form must be completed by an appropriate manager on an employee's return to work following **ANY** period of sickness absence as part of the return to work interview. This interview can be conducted via telephone if necessary. The purpose of this interview is to:

- a. Discuss the nature and period of sickness;
- b. Confirm the employee is fit to return to work and has the appropriate medical certificate(s), if required;
- c. Identify with the employee any underlying health/work issues that can be addressed;
- d. Assess whether any further action is required in relation to the employee's absence, for example a referral to the Occupational Health Service, informal/formal sickness absence review meeting, and/or HR involvement.

Employee Name:		Job Title:	
First Day of Absence:		Last Day of Absence:	
Total Days/Hours Absence:		<b>If more than 7 days, has doctor's certificate been provided?</b>	Yes/No*
<b>If no, please refer to Managing Sickness Absence at Work Policy</b>			
Reason for absence (please refer to Sick Leave Notification (P6) form and expand where necessary):			
Was the absence due to an injury of a musculoskeletal nature?		Yes/No*	
If yes, has the employee been referred to the Occupational Health Service (OH)? <b>Employees with musculoskeletal related absence should be directed to call OH on their first day of absence.</b>		Yes/No*	

Was the absence the result of an injury at work?		Yes/No*	
If yes, date of incident:		Has an incident form been completed?	Yes/No*
Health and Safety/Risk dept informed?	Yes/No*	RIDDOR Form Completed? <b>If no, please complete all the necessary documentation as a matter of urgency.</b>	Yes/No*

Previous Absences over the last 12 months			
	Date from	Date to	Reason for absence
1.			
2.			
3.			
4.			
5.			
6.			

Number of days absence in last 6 months:		Number of incidences of absence in the last 6 months:	
--	--	---	--

**Please note, it is considered an unacceptable level of sickness absence if the employee has had three or more episodes of certified or uncertified sickness over a period of three consecutive months, or more than 5 episodes in a period of 12 consecutive months.** In these cases, managers should follow the absence management procedure, as described in the Managing Sickness Absence at Work Policy, or contact an HR Advisor/ Manager.

**Action to be taken** *[please tick appropriate box]*

<input type="checkbox"/> No further action required at this time	<input type="checkbox"/> Final Review of sickness absence
<input type="checkbox"/> Informal sickness absence review	<input type="checkbox"/> Management referral to Occupational Health
<input type="checkbox"/> Formal Interview – Stage One	<input type="checkbox"/> Contact HR Team

Manager's Signature:		Date:	
Employee's Signature:		Date:	

## **Cambridgeshire & Peterborough CCG Managing Sickness Absence and Attendance at Work Policy and Procedure**

### **Appendix 4 - What to do if you are off sick**

#### **If you are off sick you must;**

- a. Let your manager know immediately why and how long you expect to be off work. If you do not, your absence may be recorded as unauthorised absence and therefore will be unpaid.
- b. If you are in any doubt about what to do, you should consult your line manager.
- c. Do not delay in seeing your doctor if you need medical advice or treatment.
- d. Do not falsify certification of sickness absence as this will be dealt with under the CCG Disciplinary Policy and Procedure, which could lead to dismissal.

#### **If you are off sick, or are likely to be off sick, for between one and seven days you must;**

- a. Let your line manager know immediately and no later than your expected starting time.
- b. Speak to your line manager yourself unless exceptional circumstances exist, telling them why you are off and when you are likely to return.
- c. If your line manager is unavailable you should advise a senior employee. It is not acceptable to leave a message with anyone else (except in exceptional circumstances). Text messages will not be accepted.
- d. Keep your manager informed of any changes to your health status or your return to work date.
- e. On your return to work you must meet with your manager and complete and sign a self-certification form. A copy of the certificate will be placed on your personal file and the original sent to SERCO.
- f. You do not normally need a medical certificate from your doctor until your 8<sup>th</sup> day of absence.
- g. Statutory Sick Pay is paid from day 4 and will be paid with your salary. You may also be entitled to contractual sick pay.

**If you are off sick, or are likely to be off sick, for more than seven days, you must;**

- a. Keep in touch with your line manager, confirming your health status and when you are likely to return. You should ring your line manager every few days and inform him/her of any changes.
- b. It is not acceptable to leave a message with anyone else (except in exceptional circumstances).
- c. See your doctor who will give you a Statement of Fitness for work as necessary.
- d. Complete a self-certificate by using the P6 form to cover the first seven days of your absence.
- e. Complete the Statement of Fitness for work as soon as possible, by adding your directorate and payroll number and send to your line manager. Your line manager will place the certificate on your HR personnel file.
- f. On your return to work you must meet with your manager for a return to work interview. Your line manager will notify SERCO, via submission of the P6 form, of the last day of your absence.
- g. The appropriate Statutory Sick Pay will be paid with your salary.
- h. You may be required to attend Occupational Health to ensure that you are fit to return to work.

**Please note, Occupational Sick Pay and Statutory Sick Pay will be withheld or reclaimed if appropriate certification is not received.**

**Cambridgeshire & Peterborough CCG  
Managing Sickness Absence and Attendance at Work Policy and Procedure**

**Appendix 5 - Sample Letter A: Letter to Employee Absent Without Permission**



**Cambridgeshire and Peterborough  
Clinical Commissioning Group**

Managers Name  
Full Work Address  
Email

Work telephone number  
Mobile telephone number

**Recorded Delivery**

**Private & Confidential  
Addressee Only**

Employee Name  
Employee Home Address

Date sent to employee

Dear **Employee Name**

**Re: Occupational Health - Manager Referral for Employee's Name & DOB  
Employee's Position/Job Title  
Employee's Base**

On **[date]** you went absent from work and you did not inform me of the reason for your absence. At the time of sending this letter I have been unable to contact you by **[phone / visit on date and time]** and I am concerned about your continued absence. If I do not hear from you by **[date]** your absence will be taken as unauthorised and as such you will not be paid.

Please contact me on receipt of this letter to discuss your absence from work and to let me know when you may be able to return.

Yours sincerely

Manager's Name

Manager's Job Title  
Cambridgeshire & Peterborough CCG

Cc HR Representative Name and Job Title  
Address

**Cambridgeshire & Peterborough CCG  
Managing Sickness Absence and Attendance at Work Policy and Procedure**

**Appendix 6 - Sample Letter B: Letter to Employee Absent Without Permission,  
Warning of Termination of Contract**



**Cambridgeshire and Peterborough  
Clinical Commissioning Group**

**Recorded Delivery**

**Private & Confidential  
Addressee Only**

Managers Name

Full Work Address

Email

Work telephone number

Mobile telephone number

Employee Name

Employee Home Address

Date sent to employee

Dear Employee Name

**Re: Occupational Health - Manager Referral for Employee's Name & DOB  
Employee's Position/Job Title  
Employee's Base**

I wrote to you on [date] concerning your absence from work since [date] and asked you to contact me. To date you have not been in contact with me to discuss your absence from work and to let me know when you may be able to return.

I am now extremely concerned about your absence and would ask you to contact me within the next five days, as I have been unable to contact you by [letter/phone/visit (delete as appropriate)]. If you do not contact me within 5 working days I will assume you no longer wish to work for Cambridgeshire & Peterborough CCG and I will take steps to terminate your contract of employment with the CCG.

I hope to hear from you within the next five days, before [add in an actual date for clarity].

Yours sincerely

Manager's Name

Manager's Job Title  
Cambridgeshire & Peterborough CCG

Cc HR Representative Name and Job Title  
Address

**Cambridgeshire & Peterborough CCG  
Managing Sickness Absence and Attendance at Work Policy and Procedure**

**Appendix 7 - Sample Letter C: Letter to Employee Absent Without Permission,  
Termination of Contract of Employment**



**Cambridgeshire and Peterborough  
Clinical Commissioning Group**

**Recorded Delivery**

**Private & Confidential  
Addressee Only**

Managers Name  
Full Work Address

Email

Work telephone number  
Mobile telephone number

Employee Name  
Employee Home Address

Date sent to employee

Dear Employee Name

**Re: Occupational Health - Manager Referral for Employee's Name & DOB  
Employee's Position/Job Title  
Employee's Base**

You have been absent since [date] and [Manager name] has tried contacting you on several occasions and has written to you on [date] and [date] requesting you contact him/her regarding your absence. To date you have not responded.

In light of your unauthorised absence and failure to contact us I am assuming you no longer wish to work for the CCG and so I am terminating your employment on grounds of misconduct through your continued unauthorised absence. I will instruct the Payroll to stop paying you with effect from [date].

As this is a dismissal under our procedures you have the right to appeal my decision. If you wish to do so you should write to ..... by [date].

Yours sincerely

[To be signed by a dismissing authority in accordance with the CCG's Disciplinary Policy and procedure]

Cc Manager Name and Job Title

HR Representative Name and Job Title  
Address