

Sickness Absence Policy

2021-2024

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CONTROL RECORD			
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Title	Sickness Absence Policy		
Amendments	Sponsor changed to Chief Finance Officer. Updated review date.		
Purpose	To provide clear guidance on what is expected of employees and line managers with the regards to the management of sickness absence.		
Superseded Documents	Sickness Absence Policy v 1.3		
Audience	All employees of the Nottingham and Nottinghamshire CCG (including those working within the organisation in a temporary capacity).		
Consulted with	Trade Unions and Staff Engagement Group		
Equality Impact Assessment	Reviewed February 2021 (see Appendix C)		
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<p>This is a controlled document and whilst this policy may be printed, the electronic version available on the CCG's document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.</p>			

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1. Introduction

- 1.1 NHS Nottingham and Nottinghamshire CCG (hereafter referred to as 'the CCG') recognises that it has a duty to provide a policy that gives employees a clear, simple and fair method of reporting and managing sickness absence that is consistently applied for all employees.
- 1.2 Sickness absence can vary from short intermittent periods of ill-health to a continuous period of long-term absence and have a number of different causes (for example, injuries, recurring conditions, or a serious illness requiring lengthy treatment).

2. Purpose and Scope

- 2.1 This policy covers all employees, (with the exception of bank staff) at all levels and grades, including senior managers, officers, directors, employees, and trainees. It covers part-time and fixed-term employees.
- 2.2 This policy does not form part of any employee's contract of employment and it may be amended at any time. The CCG may also vary the procedures set out in this policy, including any time limits, as appropriate in any case.
- 2.3 The CCG wish to ensure that the reasons for sickness absence are understood in each case and investigated where necessary. In addition, where needed and reasonably practicable, measures will be taken to assist those who have been absent by reason of sickness to return to work.
- 2.4 The CCG recognise they have responsibilities for ensuring that the workplace is a healthy and safe place to be. The CCG will adhere to the Health and Safety at Work Act 1974, the General Data Protection Regulation 2018, the Equality Act 2010 and other relevant legislation and good practice guidelines.

3. Responsibilities

3.1 Employees

3.1.1 It is the responsibility of employees to:

- Ensure regular attendance at work.
- Report absence promptly to their line manager or nominated deputy.
- Communicate appropriately with their manager when absent from work.
- Co-operate in the use of these procedures.
- Attend Occupational Health as requested by the organisation.
- Attend review meetings and return-to-work meetings with the appropriate manager.

3.2 Line Managers

3.2.1 It is the responsibility of line managers to ensure that they:

- Are familiar with this policy and their responsibilities within this process.
- Communicate appropriately with absent employees.
- Deal with action in a timely manner.
- Maintain and retain accurate records of all absences in line with Data Protection Act (2018).
- Conduct effective return-to-work meetings.
- Maintain confidentiality at all times.
- Refer employees to Occupational Health as appropriate.
- Attend training on policy updates and/or legislation changes.
- Identify a nominated deputy for staff to report to when on leave.
- Are aware of safeguarding procedures for themselves.

3.3 Human Resources

3.3.1 The HR Team will provide support and advice on all aspects of the application of this policy and process.

4. Sickness Absence Reporting Procedure

- 4.1 If an employee is taken ill or injured whilst at work they should report this to their line manager to be given permission to leave work. Line managers will need to make an assessment as to whether it is safe for the employee to go home on their own or whether it is more appropriate to send them to seek medical attention.
- 4.2 Where an employee attends work for less than 50% of their working day/shift but is not fit to stay at work, this day will be counted as sick leave for the purpose of Statutory Sick Pay and Occupational Sick Pay and will be monitored accordingly.
- 4.3 Where an employee attends work for more than 50% of their working day/shift but is not fit to stay at work, this day will not be counted as sick leave for the purposes of Statutory Sick Pay and Occupational Sick Pay but will be recorded as part of the sickness monitoring data.
- 4.4 If an employee cannot attend work because they are ill or injured they should telephone their line manager or the CCG HR Team as early as possible, and no later than one hour after the time when they are normally expected to start work. In exceptional circumstances, a family member or friend may call in on behalf of the employee. It is not appropriate to send a text message, email or

leave a message with another colleague.

4.5 When a member of staff calls in absent the following details should be provided:

- The nature of their illness or injury.
- The expected length of their absence from work.
- Contact details.
- Where appropriate, details of any outstanding work that will require urgent attention and details of meetings that may require alternative arrangements to be made.

4.6 Line Managers should ensure that:

- Any sickness absence that is notified to them is recorded on ESR as soon as practically possible.
- Arrangements are made, where necessary, to cover work and to inform colleagues and clients (while maintaining confidentiality).

4.7 Employees are required to maintain in contact with their line manager and should expect to be contacted during their absence to keep their line manager informed as to the absence and to their status i.e. when they are feeling better to establish their return to work. If absence is pro-longed, employees and line managers should agree the appropriate level and method of contact during their absence. It is not appropriate to simply provide medical certificates as a means of maintaining contact.

4.8 Employees who are ill or injured during a period of pre-arranged annual leave may elect to treat the days of incapacity as sickness absence instead of annual leave. Employees must inform their line manager of their incapacity and its likely duration as soon as possible even if they are abroad.

5. Evidence of Incapacity

5.1 For sickness absence up to seven calendar days, employees can self-certify.

5.2 For absence of more than seven calendar days employees must obtain a certificate from their doctor (a "Statement of Fitness for Work") stating that they are not fit for work and the reason(s) why. This should be forwarded to their line manager as soon as practically possible. If the employee's absence continues, further medical certificates must be provided to cover the whole period of absence.

5.3 Failure to submit consecutive medical certificates in a timely manner may be considered a breach of this Sickness Absence Policy and the CCG may choose to invoke the Disciplinary Policy.

5.4 If an employee's doctor provides a certificate stating that they "may be fit for

work" they should inform their line manager immediately. The CCG will discuss with the employee any additional measures that may be needed to facilitate their return to work, taking into account their doctor's advice. The CCG may also seek advice from Occupational Health. If appropriate measures cannot be taken, the employee will remain on sick leave and the CCG will set a date to review the situation.

- 5.5 Where the CCG is concerned about the reason for absence, or frequent short-term absence, they may require a medical certificate for each absence regardless of duration.

6. Unauthorised Absence

- 6.1 Absence that has not been notified in accordance with the terms of this policy will be treated as unauthorised absence.
- 6.2 Cases of unauthorised absence will be dealt with under the CCG Disciplinary Policy.
- 6.3 If employees do not report for work and have not telephoned their line manager to explain the reason for their absence, their line manager will try to contact them and their next of kin by telephone, and in writing if necessary. This should not be treated as a substitute for reporting sickness absence.

7. Medical Examinations

- 7.1 If an employee is absent from work for stress or work related stress reasons, an immediate referral to Occupational Health will be made. This is to ensure the appropriate support for the employee is provided.
- 7.2 The CCG may, at any time in operating this policy, ask an employee to consent to a medical examination by its Occupational Health Department and/or a doctor nominated by the CCG, at its expense.
- 7.3 The CCG may also seek an employee's consent to contact their GP for information on the employee's fitness for work.
- 7.4 The employee's informed and written consent will be obtained by the CCG before contact is made in line with legislation.

8. Sick Pay

8.1 Entitlement to occupational sick pay at the CCG depends upon the length of recognised and continuous NHS service, as detailed below:

Length of service	Sick Pay Entitlement
During the first year of service	One month full pay and two months' half pay
During the second year of service	Two months' full pay and two months' half pay
During the third year of service	Four months' full pay and two months' half pay
During the fourth and fifth years of service	Five months' full pay and five months' half pay
After completing five years of service	Six months' full pay and six months' half pay

8.2 Employees are entitled to receive Statutory Sick Pay if they are too ill to work. Statutory sick pay is paid to the employee by the CCG and can be paid up to a maximum of 28 weeks.

8.3 Statutory sick pay is paid in addition to occupational sick pay entitlement.

8.4 Discussion may also take place between the manager and the HR Team to determine:

- If in the case of injury at work, an application for Temporary Injury Allowance should be made.
- Whether the employee's contractual sick pay should be extended.
- The possibility of granting unpaid leave for a specified period (see Leave Policy).
- The arrangements that will be necessary to cover the work of the sick employee.

9. Return-to-Work Meetings

9.1 If an employee has been absent on sick leave, their line manager will arrange for them to have a return-to-work interview as soon as practically possible after their return to work.

9.2 A return-to-work interview enables the CCG to confirm the details of the employee's absence. It also gives the employee the opportunity to raise any concerns or questions they may have and to bring any relevant matters to the CCG attention.

9.3 Where an employee's doctor has provided a certificate stating that they "may be fit for work" the CCG will usually hold a return-to-work interview to discuss any additional measures that may be needed to facilitate the employee's

return to work, taking account of their doctor's advice (refer to clause 5.4).

9.4 Notes of the meeting should be agreed and retained on the employee's file.

10. Short Term Absence

10.1 Short term absence triggers for action will be defined as an employee having:

- Three episodes of absence in a rolling six month period;
- Ten calendar days in a rolling six month period.

10.2 If the amount of time off is deemed as cause for concern or the individual has hit either of the above sickness triggers, the Line Manager will advise the individual at their return-to-work meeting that the stages of the policy have been invoked.

11. Stages

11.1 The Line Manager should inform the HR Team of the sickness trigger in order to gain advice and guidance.

11.2 The table provided in **Appendix B** indicates the stages of absence management including the likely improvement target and the outcome if this is not met.

11.3 Throughout the stages the meetings are an opportunity to provide the individual with a complete record of their absences and discuss these with the individual to identify if the organisation can assist in maintaining their attendance at work.

11.4 The purpose of the meeting is to provide support to overcome any identified issues and to develop and agree an improvement plan.

11.5 In order to provide the necessary support, it may be appropriate to seek Occupational Health advice throughout the formal process.

11.6 Where there is not demonstrable improvement made against the improvement plan, an individual will progress through to the next stage identified in **Appendix B**, which could ultimately lead to the employee's dismissal.

11.7 If there is sufficient improvement in the employee's attendance at any stage of the formal procedure (i.e. if they exceed a target), the employee will be taken off their improvement targets and no further action will be taken. However, the Line Manager will continue to monitor the individual's attendance and should their sickness absence start to increase again, the employee may enter the formal stages of the policy at the last point in which they were being managed. This will be managed on a case-by-case basis.

11.8 At all stages, Line Managers should seek advice from the HR Team but

specifically before moving to a dismissal hearing.

- 11.9 At all stages of the process, employees are afforded the right to representation by a Trade Union representative or work colleague.
- 11.10 Employees should be informed in writing of the meeting with five working days' notice.
- 11.11 The right to appeal is afforded to the employee should a formal sanction be issued to an employee.

12. Long Term Absence

- 12.1 The CCG is committed to helping employees return to work from long-term sickness absence. Long-term sickness absence is defined as an absence which is longer than fourteen calendar days, in any six month period. As part of the CCG wellbeing meetings, the CCG will, where appropriate and possible, support returns to work by:
 - Obtaining medical advice;
 - Making reasonable adjustments to the workplace, working practices and working hours;
 - Considering redeployment; and
 - Agreeing a return-to-work programme with everyone affected.
- 12.2 In all cases of absence over fourteen days in duration, Occupational Health advice should be sought before the individual attempts to return to work.
- 12.3 Regular contact should be maintained throughout an individual's long term absence from the workplace. In most cases, a wellbeing meeting should be arranged for week three and continue monthly. In some cases, flexibility will be necessary to accommodate hospitalisation and recovery. If the employee is too unwell to attend the meeting and if mutually agreeable, the manager can visit the individual at their home. The CCG manager needs to be aware of safeguarding procedures for themselves. The employee will have the right to be accompanied at these meetings by a Trade Union representative or work colleague. The employee should expect to attend regular wellbeing review meetings with their manager to discuss possible courses of action to enable their return.
- 12.4 The purpose of these wellbeing meetings is to provide support in assisting the individual back to work or, if this is not possible, to identify alternative options available (see section 13). These options are inclusive of, but not limited to, the actions detailed below:
 - Possibility of a return to work.
 - Identifying and implementing reasonable adjustments to facilitate a

return to work.

- Possibility of alternative employment.
- Ill health retirement.
- Termination of contract on the grounds of capability due to ill health. (The organisation would only ever consider this option if all other possibilities have been exhausted).

- 12.5 Where termination is considered to be the most appropriate course of action, up-to-date medical advice from Occupational Health must be sought, including the likelihood of a successful ill-health retirement application.
- 12.6 Long-term absence due to planned hospitalisation and post-operative rehabilitation or as a result of serious injury or illness resulting in emergency hospitalisation will be reviewed after a pre-agreed period of time or where appropriate when the employee is contactable.
- 12.7 The Line Manager will inform the individual at their return-to-work meeting that the formal stages of the policy have been invoked.

13. On-going Medical Conditions

- 13.1 In some situations an employee may have on-going health related problems, or develop during the course of their employment, an on-going medical condition which impacts upon their ability to perform the duties of their role. The employee may still be in work and or having short term absences and/or long term absences.
- 13.2 Where there is a clear indication that an on-going medical condition is impacting on the employee's ability to perform their normal duties, a three-step procedure should be followed:
- 13.2.1 Occupational Health Referral: Where an employee has on-going health issues, Occupational Health advice should be sought to ascertain the best course of action.
- 13.2.2 Reasonable Adjustments/Redeployment: Where the employee's health condition is classed as a disability under the provisions of the Equality Act 2010 the CCG will meet legal obligations to make reasonable adjustments to the employee's current post or look to find suitable alternative employment for the employee.
- 13.2.3 Incapacity Review: If the employee's substantive post is unsuitable due to their on-going medical condition and where it has not been possible to make reasonable adjustments to their current post or been possible to re-deploy them into another post, it will be necessary to proceed to an Incapacity Review Hearing (see section 14) to determine the employee's future employment with the organisation.

Where termination of the contract of employment on the grounds of incapacity is considered, all reasonable efforts must be made to obtain appropriate medical evidence via Occupational Health. Occupational Health will also advise as to whether the employee is likely to be a candidate for ill-health retirement if they are a member of the NHS Pension Scheme.

14. Attendance/Incapacity Review Hearing

- 14.1 Where all possible stages of this policy have been exhausted and there is no likelihood of the employee maintaining regular attendance at work, it may be necessary to consider termination of the employee's contract on the grounds of capability/incapability due to ill-health.
- 14.2 An Attendance Review/Incapacity Review Hearing will be convened to consider and determine the employee's continued employment with the CCG.
- 14.3 The hearing will be conducted in line with the scheme of delegation supported by the HR Team, and attended by the employee and their manager and the HR Manager. The employee has the right to be represented at this hearing by a Trade Union representative or accompanied by a work colleague.
- 14.4 During the hearing all the facts available should be given consideration including evidence that the manager has made all reasonable efforts to assist the employee's return to work or improve their attendance.
- 14.5 In all circumstances all reasonable efforts must be made to obtain the appropriate medical advice via Occupational Health.
- 14.6 After hearing representations from the employee's line manager and the employee, a decision will be taken with regard to the employee's continued employment with the CCG.

15. Substance Misuse

- 15.1 Where an employee is absent from work due to suspected or admitted substance or alcohol misuse problems, please refer to the Employee Wellbeing Policy for guidance on managing the situation.

16. Ill-Health Retirement

- 16.1 Where the medical opinion indicates that the employee is permanently unfit to return to their current role within the CCG or to any alternative permanent employment, the individual can consider 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 individuals who have at least two years' continuous pensionable service in the NHS.

- 16.2 The Line Manager will be required to support the application by identifying that the individual is unable to fulfil their contractual obligations. Therefore, an application for ill-health retirement should be mutually agreed between the individual and the line manager, prior to applying with the support of the HR Team. A termination date will need to be agreed prior to application. The assessment process for ill-health retirement can take as long as three months and this should be taken into consideration when agreeing the termination date. Support from Occupational Health and/or an independent medical practitioner will also be required to progress an ill-health retirement application.

17. Termination of Employment

- 17.1 This is the final stage of the Sickness Management Procedure. The meeting will be Chaired by the relevant senior manager plus a member of the Senior Leadership Team that has not been previously involved with the case and where possible, the Head of HR & OD. The employee will be given at least ten working days' notice of the meeting and will be informed of their right to representation.
- 17.2 The panel will:
- Review the CCG Sickness Policy.
 - Review the consequences the absence has on the department.
 - Review the periods of absence that have led to the meeting.
 - Consider the records of the meetings held to date.
 - Review the available medical evidence provided by Occupational Health/GP.
 - Consider any additional evidence provided by the Line Manager with support from the HR Manager.
 - Provide opportunity to the employee to provide any mitigation for the absence(s).

18. Appeals

- 18.1 An employee may appeal against the outcome of any stage of this procedure and will be afforded the right to representation to any appeal meeting.
- 18.2 An appeal should be made in writing stating the full grounds of appeal to the relevant senior manager within five working days of the date provided on the outcome/decision letter.

- 18.3 Unless it is not practicable, the employee will be given written notice of an appeal meeting within five working days of their appeal.
- 18.4 The Panel will include members of the Senior Leadership Team who have not previously been involved with the case – see **Appendix A** for ‘Scheme of Delegation’.
- 18.5 The Appeal Hearing may be a complete re-hearing of the matter or it may be a review of the fairness of the original decision in the light of the procedure that was followed and any new information that may have come to light. This will be at the Panel’s discretion depending on the circumstances of the case. In any event the Appeal will be dealt with as impartially as possible.
- 18.6 The Appeal’s Panel will make their decision based on the evidence presented to them at the Hearing considering the following:
- Whether the Line Manager has offered reasonable and appropriate support in order to maintain the employee’s attendance at work.
 - Whether the Panel believe the employee can make the necessary improvements and sustain these improvements.
 - Whether there any other jobs the employee could do or is willing to do within the range of capability.
- 18.7 When considering whether dismissal was a fair and reasonable action to take the Panel must consider the following:
- The employee’s absence record.
 - Any mitigating reasons for the level of absence.
 - The employee’s employment record in its entirety.
 - Whether there is alternative work that the employee can carry out that is more suitable to their level current capability.
 - Any other factor that the panel considers to be relevant i.e. underlying health condition, carer responsibilities etc.
- 18.8 The Appeal Hearing may:
- Confirm the original decision;
 - Revoke the original decision; or
 - Substitute a different penalty.
- 18.9 The employee will be informed in writing of the final decision as soon as possible, usually within five working days of the Appeal Hearing. Where possible the employee will also be informed in person. There will be no further right of appeal.
- 18.10 The date that any dismissal takes effect will not be delayed pending the outcome of an appeal. However, if the appeal is successful, the decision to dismiss will be revoked with no loss of continuity or pay.

19. Employees with a Disability

- 19.1 Employees that declare a disability to their line manager will be referred to Occupational Health, in order to gain advice on any reasonable adjustments that can be made to working pattern and/or environment to aid sustained attendance at work.
- 19.2 Employees with a disability that are subject to formal procedures in accordance with this policy may have their targets of improvement adjusted to take into account their disability.
- 19.3 Any recommended adjustments to working pattern and/or environment that are made by Occupational Health must be followed where reasonable and affordable.

20. Support for Employees

- 20.1 Access to Therapeutic Support and Occupational Health Services is available to all employees.
- 20.2 Employees are encouraged where appropriate to use the Employee Assistance Programme available for advice and support. This is a confidential service between the member of staff and the provider.

21. Interaction with other Policies

- 21.1 This policy document should be read in conjunction with the Agenda for Change NHS Terms and Conditions of Service Handbook, as amended occasionally.
- 21.2 This policy should be considered in conjunction with the following CCG policies:
 - Disciplinary Policy.
 - Leave Policy.
 - Capability Policy.
 - Employee Wellbeing Policy.

22. Equality and Diversity Statement

- 22.1 The Nottingham and Nottinghamshire CCG pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, both as a commissioner and as an employer.
- 22.2 As a commissioning organisation, we are committed to ensuring our activities do not unlawfully discriminate on the grounds of any of the protected

characteristics defined by the Equality Act, which are age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

- 22.3 We are committed to ensuring that our commissioning activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, roma and travellers.
- 22.4 As an employer, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.
- 22.5 To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

23. Communication, Monitoring and Review

- 23.1 The CCG will establish effective arrangements for communicating the contents of this Policy and will provide guidance and support as required to line management in relation to their responsibilities.
- 23.2 This Policy will be reviewed periodically every three years, or earlier if changes in employment law or any other circumstances require it.
- 23.3 Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the HR team.
- 23.4 Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the “Document owner”.

Appendix A:

Scheme of Delegation

The following delegation of responsibility applies to this policy:

Stage	Level of Manager
Stage 1: Formal Meeting	Line Manager or equivalent level manager from elsewhere within the organisation and support from the HR team.
Stage 2: Formal meeting	Line Manager or equivalent level manager from elsewhere within the organisation and support from the HR team.
Stage 3: Formal review meeting	Line Manager or equivalent level manager from elsewhere within the organisation and support from the HR team.
Final Review Meeting	Chaired by an appropriate member of the Senior Leadership Team plus one other manager (Band 8a and above) and where possible the Head of HR & OD.
Appeal Meeting	Chaired by Chief Operating Officer or Chief Finance Officer plus one other member of the Executive Management Team that has not been previously involved with the case and where possible, the Head of HR & OD*.

*in cases where the Head of HR & OD was not involved in the Final Review Meeting

NB: It is reasonable that the same manager conduct the first, second and third Stage Review meetings for this process.

Appendix B:

Formal Stages of Absence Management

	Period of Absence	Improvement Target	Action	Decision
First Formal Review Meeting	<p>If the employee has had three occasions or ten calendar days in any rolling six month period they will be required to attend a formal review meeting.</p> <p>Employee has the right to representation.</p> <p>Invite to the meeting must be sent with five working days' notice.</p>	<p>During the next six months, if the employee has a further two absence(s) or five calendar days they will progress to the next stage of the review.</p>	<p>Formal meeting:</p> <p>Review absence record and reasons for absence. Agree standard of attendance and support if necessary.</p> <p>If not already done, consider OH referral.</p>	<p>Notes of meeting in writing with a copy kept on personnel file.</p>
Second Formal Review Meeting	<p>From the date of the first formal review meeting if an employee has a further two episodes or five calendar days of absence they will be required to attend a second formal review meeting.</p> <p>Employee has the right to representation.</p> <p>Invite to the meeting must be sent with five working days' notice.</p>	<p>During the next six months, if the employee has a further two absence(s) or three calendar days they progress to the next formal stage.</p>	<p>Formal review meeting:</p> <p>Review absence record and reasons for absence and any medical advice that has been received. Agree standard of attendance and identify support if necessary.</p> <p>Referral to be made to OH.</p>	<p>Decision in writing with a copy kept on personnel file.</p> <p>Possible outcome: First Written Warning notification.</p> <p>Employee will have the right to appeal a formal decision.</p>

	Period of Absence	Improvement Target	Action	Decision
Third Formal Review Meeting	<p>From the date of the second formal review meeting if an employee has a further episode of absence or three calendar days they will be required to attend a third formal review meeting.</p> <p>Employee has the right to representation.</p> <p>Invite to the meeting must be sent with five working days' notice.</p>	<p>During the next six months, if the employee has a further absence of any duration they will be required to attend a Final Formal Review meeting.</p>	<p>Formal Review meeting:</p> <p>Review absence record and reasons for absence and any medical advice that has been received. Follow up on actions previously agreed and understand reasons behind improvement target missed. Agree standard of attendance and identify any further support if necessary.</p> <p>Referral to OH and review of existing OH advice.</p>	<p>Decision in writing with a copy kept on personnel file.</p> <p>Possible outcome: Final Written Warning notification.</p> <p>Employee will have the right to appeal a formal decision.</p>
Final Review Meeting	<p>From the date of the third formal review meeting, if an employee has a further episode of absence or three calendar days they will be required to attend a Final Formal Review Meeting.</p> <p>Employee will be afforded the write to representation.</p> <p>Invite to the meeting must be sent with ten working days' notice.</p>	<p>If the employee is not dismissed then a new improvement target as set at the Third Formal Review meeting.</p>	<p>Final Review meeting:</p> <p>Review absence record, actions taken to support improvement and any medical advice that has been received.</p> <p>Alternatives to dismissal may include redeployment to another role or a reduction in contracted hours (this is not an exhaustive list).</p>	<p>Decision in writing with a copy kept on personnel file.</p> <p>Possible outcome: Dismissal</p> <p>Employee will have the right to appeal a formal decision.</p>

Appendix C: Equality Impact Assessment for Sickness Absence Policy

Date of assessment:	February 2021			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Age ¹	No	N/A	N/A	This policy provides guidance, accountability and clarity on how an organisation operates. It will support consistent and transparent decision making for all members of the CCG workforce.
Disability ²	Yes	Mechanisms are in place via the Communications and Engagement Team to receive the policy in a range of languages, large print, Braille, audio, electronic and other accessible formats.	No	
Gender reassignment ³	No	N/A	N/A	
Marriage and civil partnership ⁴	No	N/A	N/A	

¹ A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

² A person has a disability if she, he or they have a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

³ The process of transitioning from one gender to another.

⁴ Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

Date of assessment:	February 2021			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Pregnancy and maternity⁵	No	N/A	N/A	
Race⁶	No	N/A	N/A	
Religion or belief⁷	No	N/A	N/A	
Sex⁸	No	N/A	N/A	
Sexual orientation⁹	No	N/A	N/A	
Carers¹⁰	No	N/A	N/A	

⁵ Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

⁶ Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

⁷ Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

⁸ A man or a woman.

⁹ Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

¹⁰ Individuals within the CCG which may have carer responsibilities.