

# CHRE

## Attendance Policy and Procedure

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# 1. Policy Statement

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The Council for Healthcare Regulatory Excellence (CHRE) (the organisation) is committed to promoting the health, safety and welfare of all employees, recognising that the needs of individual employees with health problems should be given sympathetic consideration. CHRE accepts, however, that from time to time, problems will occur with respect to attendance levels which will require decisions to be made with regard to the continued employment of individuals.

In producing this policy, CHRE is mindful that when an employee is absent from work for any time or with any frequency, a balance needs to be maintained between the organisation's need for work to be done and the employee's need for time to recover full health. High levels of absence can lead to a reduction in productivity and the quality of work produced. An increased burden on remaining staff could potentially lead to stress and lower morale plus increased costs from the use of agency staff.

Managers have responsibility for investigating the causes of absence and be aware that it is just as important to establish the reasons for absence as it is to follow the processes laid down under this policy.

Managers will comply with the requirements of the Disability Discrimination Acts 1995 and 2005 when applying this policy and procedure (please refer to section 3.6.3).

The policy is based on the following objectives:

- Employees will be treated fairly
- Managers and supervisors are entitled to be firm in administering the procedures
- Employees suffering from ill health will be treated with understanding and sensitivity
- High standards in health, safety and welfare will be vigorously maintained
- Information received during the application of the procedure will be treated confidentially
- All managers responsible for monitoring employee attendance and carrying out return to work interviews will receive adequate training in these respective areas.
- Commitment to occupational health and safety

The scheme applies to all employees.

All new employees must be made aware of these objectives as part of the induction process and it is the responsibility of the line manager to ensure this is carried out.

## 2. Introduction

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CHRE recognises that high levels of attendance are essential if the organisation is to be successful and meet its business objectives. A high level of absence poses a serious problem for the organisation and it is essential that the effects of sickness absence be monitored. This monitoring serves three purposes. It:

- Enables managers to become aware of actual and/or potential problems with performance and allows them to take steps to rectify these.
- Enables an individual's problems to be identified at an early stage, thus allowing medical or other appropriate advice to be sought for the benefit of the employee.
- Allows high levels of unauthorised or sickness leave to be identified and appropriate action taken.

Information collected will be monitored, in accordance with the Data Protection Act 1998, in order to demonstrate not only the extent of sickness absence but also patterns of absence. Accurate and reliable monitoring is dependent on up to date and correct record keeping. As such an employee's failure to follow the appropriate procedures, as detailed in Section 3.1, when absent from work may be subject to disciplinary action.

Strict confidentiality will be maintained at all times.



### 3. Procedure

#### 3.1 Reporting of Sickness Absence

The reporting and monitoring of absence are key factors in determining the success of this procedure. It is essential that employees report absence to their line manager, giving details of their absence by 9.00am or as early as possible on the first day of absence. Where the line manager is not available the employee should contact another senior manager. The Director of Governance and Operations is responsible for maintaining all absence records and keeping the Chief Executive up to date with regard to employee sickness.

There is a requirement on all employees to adhere to this procedure when absent due to sickness and failure to follow the procedures should be managed within the disciplinary framework. Employees will be made aware of this procedure during their induction.

<b>Day of Absence/ illness</b>	<b>Action to be taken by the Employee</b>	<b>Action to be taken by the line manager re completion of Notification of Sick Absence and Self Certification Form</b>
First day of absence from work	<p>Notify your line manager by 9.00am or as early as possible, on the first day of absence, indicating:</p> <p>(1) the first day of illness, the nature of the illness and where practicable the likely date of return to duty;</p> <p>(This should normally be done by 9.00am, but notification should be made earlier, if possible, so that other work arrangements can be made).</p> <p>(2) If you consider the illness is on account of industrial injury or disease then let the nominated person know if an accident report form has/has not been completed.</p>	<p>Inform the Director of Governance and Operations of the absence</p> <p>Nominated person to inform manager that accident reports form and accident book is being, or has been, completed. Office Manager to inform Health and Safety Executive of any notifiable accident, illness or disease on the appropriate</p>

Fourth day of illness	<p>Confirm the position with your line manager and state:</p> <ul style="list-style-type: none"> <li>(a) The nature of the illness and the likely date of return.</li> <li>(b) Whether, during the illness you have been outside EU countries; if so, state where and when.</li> <li>(c) Whether, during the illness you have been in legal custody. If so give details.</li> <li>(d) Whether you hold a letter from the Department for Work and Pensions indicating you are not entitled to statutory sick pay. If so, forward the letter direct to the organisation.</li> <li>(e) Whether the absence is the result of an injury/accident which is to be subject of a third party insurance claim.</li> </ul>	<p>forms.</p> <p>Confirm the position and advise the Director of Governance and Operations.</p> <p>Confirm whether the absence is the result of an injury/accident which is the subject of a third party insurance claim.</p>
Eighth day of illness	<p>Obtain and submit doctor's statement to the organisation covering the period from at least the eighth day of illness.</p> <p>Your doctor will issue a 'Statement of Fitness for Work' (or 'Fit Note') which will advise if you are 'unfit for work' or, alternatively, 'may be fit for work'. A 'may be fit for work' statement will be provided where your illness/injury may allow a return to work with suitable temporary support. If this is the case, discuss the options for returning to work with your line manager as soon as possible.</p> <p>If after discussions with your line manager the necessary support cannot be provided, the statement will be treated as if the doctor had advised 'not fit for work'. You will NOT need to re-visit your doctor for a</p>	<p>Keep Director of Governance and Operations updated.</p> <p>Where employee has received a 'may be fit for work' statement, discuss the options for returning to work as soon as possible.</p> <p>Arrange for Payroll to be informed of any impending return to work details together with any temporary revisions to salary, if appropriate.</p>

	<p>further statement confirming this. All statements should be forwarded to your line manager as soon as possible.</p>	
Continuing illness	<p>Where you are advised not to return to work continue to submit doctor's/hospital statements to your line manager, covering the period since the last statement, without delay.</p> <p>Follow the procedure above ('Eighth day of Illness') as soon as you 'may be fit for work'.</p>	<p>If appropriate the employee should be kept informed of when their sick pay is about to expire/reduce.</p> <p>When a 'may be fit for work' statement is advised, discuss the options for returning to work with the employee as soon as possible.</p> <p>Inform Payroll of any impending return to work details together with any temporary revisions to salary, if appropriate.</p>
On return to work or, during authorised leave, when fit to return to work	<p>Report return, or fitness to return, to line manager where necessary.</p> <p>CHRE reserve the right to hold a return to work interview where applicable.</p>	<p>Update Director of Governance and Operations</p> <p>Complete a return to work interview form where necessary.</p>
<p>When reporting sickness to the organisation employees should contact: Line Manager NOTE: It is the responsibility of the employee to telephone personally and notify their manager that they are sick (unless too ill to do so)</p>		

**Line Managers must ensure that all medical statements are forwarded to the Payroll Department as soon as possible. This is important as absence not notified could affect the employees pay.** Although the above are the normal rules, there may be circumstances when the manager asks the employees to produce medical evidence from their first day of absence. In such a situation the reason(s) for this action will be explained to them.



### 3.2 Sickness during Annual Leave

If an employee becomes seriously unwell whilst on annual leave and is receipt of a medical certificate and wishes to claim back annual leave then they should contact their line manager by telephone as soon as possible.

If an employee's illness starts before and continues into a period of annual holiday this will be treated as sickness absence and their holiday entitlement can be taken at another time.

If an employee is taken ill whilst they are taking annual holiday this is treated as holiday unless a medical statement is supplied.

This does not apply to illness on bank holidays or statutory public holidays.

In the event of an employee incurring a period of long term sickness, statutory leave entitlement will continue to accrue. Should the employee wish to take a period of annual leave during an extended period of illness they will be required to submit a holiday form in line with normal policy. Where the employee returns to work and is able to take any outstanding holiday before the end of the current leave period, they will be expected to do so. In this instance a maximum of 5 days holiday can be carried forward from the current leave year to the next.

### 3.3 Fitness for Work Statements (or Fit Notes)

A Fitness for Work Statement, or Fit Note, must be obtained to cover every day of the employee's absence from the 8<sup>th</sup> day of incapacity.

It is essential that:

- The medical statement gives a diagnosis. If this is indecipherable Director of Governance and Operations should contact the employee.
- There are no gaps between doctor's statements.

Any problems the manager may encounter in obtaining medical statements from the employee should be discussed with the employee directly and followed up in writing. If statements are not received or the manager believes the employee is fit for work whilst falsely claiming to be sick then the manager should contact the Director of Governance and Operations, since it may be necessary to initiate the Disciplinary Procedure.



### 3.3.1 *Fitness for Work Options*

There are two options available to doctors. A “*not fit for work*” option will be advised by the doctor where they believe the employee’s medical condition will prevent them from working during a stated period of time.

Alternatively, a “*may be fit for work taking account of the following advice*” option will be used by the doctor where they consider the medical condition will not necessarily stop the employee from returning to work. If a doctor uses this option, they will give advice on the statement about the effects of the employee’s health condition and, if appropriate, offer suggestions about the types of adjustment or adaptations you could consider making to support a return whilst a full recovery to fitness is achieved.

If more information is required before considering the doctor’s suggestions, you could refer the employee to an Occupational Health specialist, or write to the doctor for more detailed information about the likely impact of the employee’s illness on their role.

Changes that can be considered by the employer to facilitate a return to work include:

- Making temporary alterations to an employee’s working hours, although this does not necessarily mean working fewer hours. For example allowing flexibility to either start work earlier or leave work later to support an employee who is still receiving treatment to attend appointments during working hours.
- Alternative work duties. For example, allowing an employee to carry out different duties or tasks on a temporary basis such as project or administration work.
- Modifying duties or providing alternative support for the employee to carry out their role. For example, if the employee is suffering from back pain, allowing them to avoid any heavy lifting aspects of their role until they have fully recovered from the injury or illness.
- Allowing a phased return to work.

Any temporary changes, together with appropriate review dates, will need to be discussed and agreed with the employee prior to their return.

If, after discussions, it is not possible to provide the relevant support to facilitate a return to work, the statement can be used as if the doctor had advised ‘not fit for work’. The employee will NOT need to return to their doctor for a further statement confirming this and the employee will be signed off from work.

More detailed information about facilitating an early return to work can be found in the Statement of Fitness for Work (or Fit Note) Employer Guidance Notes.

### **3.4 Monitoring Absence Procedure**

To ensure this policy is effective it is essential that each individual understand their role with regard to managing attendance. This procedure outlines the respective responsibilities of the different categories of staff, which are as follows:

- Employees
- Line Manager
- Chief Executive / Managers

#### **3.4.1 Employees' Responsibility**

Employees must be informed during their induction of the importance of attendance, the procedures the organisation has in place to monitor it, and the actions the organisation will take should they fail to maintain acceptable levels of attendance.

All staff must be informed of the reporting procedures detailed in Section 3.1 above. Details of reporting procedures are included in the Employee Handbook.

#### **3.4.2 Line Manager's Responsibility**

The Line Manager will play a key role in the management of absence, particularly in relation to the maintenance of sickness records. Managers are responsible for ensuring that staff complete the sickness absence, if applicable.

It is essential that the Line Manager keep the Director of Governance and Operations informed of the latest.

In relation to sickness absence it is recognised that the majority of absences will fall into one of the following two categories:

- **Frequent Short Term Absence**

Typified by occasional day(s) off relating to a series of minor unrelated ailments that are sometimes covered by a medical statement. These absences are repeated at regular intervals. Actual illness may well occur but there tends to be no underlying medical condition causing this and general and diverse ailments will be evident from the doctor's statements where applicable. These days may be linked to other authorised periods of absence i.e. day preceding or following weekends, bank holidays etc. They may also show



patterns in relation to frequency i.e. every fifth Friday.

Frequent short term absence will normally be defined as:

- a) four occasions of absence due to mainly minor illness (either uncertified or self-certified,) in any four month period.
- b) Total absence exceeding 8 working days in a four-month period, unless the absence is due to infectious diseases, injury or surgery.

- **Long Term Absence**

Long term absence is defined as:

A continuous period of absence, due to sickness, which exceeds 25 working days.

Consecutive weeks or months off work resulting from more serious health problems. This will be certified by the employee's general practitioner.

Managers will have to adopt a different approach in their management of an individual employee's absence dependent upon which category of sickness absence they fall into. Managers should use their initiative and take into account the nature of the illness and act accordingly i.e. if there is a definite prognosis and an expected date of return no further action may be necessary. Details of the different approaches that can be adopted are outlined below.

To ensure consistency all referrals to the Occupational Health Adviser requesting a medical review will be actioned by the line manager through the Director of Governance and Operations.

### **3.5 Responsibility for Implementing the Policy**

The Director of Governance and Operations will take responsibility for the overall monitoring of the Managing Attendance Policy, ensuring it is effectively implemented and that all employees are both aware of its existence and their role in making it work.

The Chief Executive will set the standards for the organisation such as defining those levels of absence which, if exceeded, will trigger action. This may include counselling, referral to the organisation's Occupational Health Adviser or invoking the Disciplinary Procedure. Absence figures will be reviewed quarterly on receipt of absence information from the Director of Governance and Operations.

### 3.6 Management of Absence

#### 3.6.1 *Managing Frequent Short Term Absence*

- **Check Validity**

If a manager has good reason to believe, after preliminary enquiries, that either the absence is not genuine or the individual staff member is following pursuits that are detrimental towards the speed of his or her recovery, the facts should immediately be reported to the Director of Governance and Operations. The Chief Executive will decide whether the disciplinary procedure should be invoked and whether sickness pay should be withheld.

- **Return To Work Interviews**

Where there is concern over an individual's absence either for short term or long term sickness Line Managers reserve the right to conduct a return to work interview with the employee, in a private environment.

These interviews may only last for a few minutes but are vital to managing absence and improving attendance.

The purpose of these interviews is to:

- Establish the cause of absence.
- Indicate the organisation's interest in the welfare of the employee and confirm that the employee is fully recovered.
- Discuss the general attendance record of the employee, allowing the employee to inform the manager if there is a medical problem including one at an early stage.
- Raise the profile of the Managing Attendance Policy.
- Reinforce the view regarding good attendance, pointing out the difficulties/ problems that the employee's absence has caused.
- Advise the employee where improvement in attendance is required and the consequences of failing to meet attendance levels set by the organisation.
- Help employees gain a positive attitude towards their own welfare such as obtaining medical advice or seeking advice through the Employee Assistance Programme.

- Identify any areas where the employer can assist i.e. with personal problems.

Issues must not be avoided. If a member of staff has an unacceptable sickness record, they must be told and advised of ways of achieving improvement. If absence levels are reviewed and considered unsatisfactory, the following issues should be considered: -

- The employee should be informed that the frequency of his/her absence is causing concern
- The written record of absence rate, should be shown to the employee concerned and the detrimental effect of their absence on CHRE's activities discussed with them.
- Checks should be made to ascertain whether there are any problems that have contributed to, or underlie the absence, i.e. domestic, transport problems, poor working relationships, excessive workload etc.
- Standard for improvement should be confirmed/ agreed and the employee warned of the consequences if this is not achieved.
- Review dates must be established, and adhered to, that allow sufficient time for the employee to improve their attendance
- If necessary, the employee should be asked to sign Medical Consent forms for the organisation to obtain a medical report to establish any underlying medical problems.

All meetings between the manager and the employee should be followed up in writing confirming all matters discussed and actions agreed. Separate meeting notes should be agreed and filed on the employee's personal file so that they can be referred to at a later date if necessary.

### • **Continued Poor Attendance**

The organisation believes that the successful management of frequent short term sickness related absences depends heavily on the accuracy of absence records and the effectiveness of the return to work interviews where applicable. However, there will from time to time, be occasions when employee's fail to meet the required attendance targets and continue with persistent short term absence records. On these occasions it is important that formal action is taken without any undue delay. This action may involve referral to a medical adviser, referral to an independent counsellor or formal disciplinary action.

When determining the correct course of action to take all managers will operate within the guidelines of this policy in relation to absence management. Managers will when considering the appropriate action take into consideration the following:



- Frequency and duration of episodes of absence and whether there is any pronounced pattern
- Reasons for absence, (for example, absence due to an accident at work or personal problems may require a different approach)
- Total amount of absence
- Nature of the duties undertaken
- Effects on work
- Employee's previous attendance record
- Any previous action taken with regard the employee's attendance
- Comparable absence records of colleagues
- The organisation's acceptable level of attendance figure

A fair review of the employee's absence pattern should be carried out. Days for bouts of hospitalisation that have eliminated the medical problem should be discounted (that reason for absence shouldn't occur again). Care should be taken to ensure the employee has not been singled out for special attention because he/she is particularly visible.

### **3.6.2 Managing Long Term Absence**

The management of long term sickness normally requires a more sensitive approach. Every case will be different and a number of factors need to be weighed up before coming to a decision on how to proceed. These include:

- The length of the employee's employment and their attendance record prior to their present illness
- The nature of the employee's job and their position within the organisation
- The effect of the employee's continuous absence on the business and the need to engage a replacement
- The nature and duration of the illness and the prospects for recovery

- The employee's terms and conditions in relation to occupational sickness pay.

What is essential is that the line manager remains in contact with the absent employee. This contact must be made at least monthly and, if the employee consents, may involve home visits. However, the manager attending the home visit must be accompanied by a work colleague of the same or higher grade. The employee must be pre-warned about those that will be present at the visit and should be given the right to be accompanied by a work colleague or a Trade union representative.

Where an employee has been absent through illness or injury for several weeks, and where the nature of the problem is such that a return to work within the period of sick pay entitlement is in doubt, a medical review will be undertaken. The Director of Governance and Operations should arrange a formal meeting with the absent employee to ascertain: -

- The nature of the illness
- The likely length of absence
- Whether or not the organisation can provide any assistance/advice, which may either assist with recovery or help alleviate a specific problem.

The employee should be asked for their consent, this must be obtained in writing on the appropriate forms, to undergo a medical review and/or seek medical reports.

Following the medical review if the employee is confirmed as fit to return to work; the practicalities of this must be discussed. Where necessary, a gradual return to full time work may be advantageous to the employee. If so, it will be necessary to brief colleagues and inform them of any special arrangements that have been made. Managers must ensure any temporary arrangements implemented to cover the absence are terminated in accordance with legislative requirements.

If there is no prospect of improvement or return to work within a reasonable period it may be necessary to eventually terminate employment but this should only be done after: -

- Paid sick leave has been exhausted – however, exhaustion of sick leave is not in itself sufficient grounds for termination of employment.
- Seeking advice from the NorthgateArinso, through the Director of Governance and Operations or Chief Executive
- Medical advice has been sought and the medical opinion given careful consideration
- Options have been explored for alternative employment
- Appropriate consultation and discussion with the employee has taken place.



It is important to consider each case individually and to ensure the Employee is regularly consulted on their progress and the effects and ramifications of the anticipated date of return to work. There will be occasions when the employee is too ill to be consulted, and special consideration will need to be given to the overall facts of the case.

### **3.6.3 Disability Discrimination Acts**

The Disability Discrimination Act 1995 makes it unlawful to discriminate against someone who has a “physical or mental impairment, which has a substantial and long-term adverse effect on his ability to carry out normal day to day activities.” *Long term* means that the impairment has lasted or is *likely* to last at least 12 months. Unlawful discrimination can arise by dismissal or other less favourable treatment.

Anyone with a terminal condition will be classed as disabled, even if the prognosis is that he or she will live for less than 12 months.

Under the Disability Discrimination Act 2005, mental illness no longer has to be clinically well-recognised before it can constitute impairment.

Those with cancer, HIV or multiple sclerosis will be protected from disability discrimination from the time of diagnosis (i.e. their ability to carry out normal day to day activities does not need to be significantly impaired before they are protected).

If an employee develops a disability, the employer is obliged to consider making reasonable adjustments to the workplace if these could enable them to fulfil their job responsibilities. It would only be fair to dismiss an employee if these adjustments were not practical or reasonable and the employee cannot carry out their duties satisfactorily.

- **Reasonable Adjustment**

If medical advice is given that lighter or less stressful duties should be sought for the employee, then the Chief Executive will be approached for advice on making temporary arrangements to facilitate their return. The Chief Executive should ensure that all possible alternative forms of employment/duties are considered.

- **Disabled Employees**

Employees who have been, are currently or become disabled at any point should be dealt with sensitively. Advice should be sought from the Chief Executive and if applicable external expertise will be brought in to assist in this process.

Where appropriate, the use of aids to facilitate the employee must be considered and costed. If the cost is relatively low then there will be no reasonable grounds for refusing the use of these.



Not all employees will make the employer aware of their “disability” and it is therefore, imperative that before terminating an employee’s employment every effort has been made to ascertain their true medical condition.

### **3.6.4 Sickness Absence Interviews**

- **Conducting an interview**

Where there is cause for concern, the line manager should arrange a personal interview with the employee to review the absence level. This is an informal interview. At the interview, the employee should be made aware that the level of absence is a cause for concern and the reasons for this explored.

- **Following the interview**

Following the interview, one of the following courses of action will normally be taken:

- Where the explanation for the absence(s) is considered satisfactory, no further action will be taken beyond keeping the employee’s attendance record under periodic review.
- Where the cause of absence arises from a personal, family or other welfare problem the manager should consider whether counselling or some other form of support may be improve the situation. It may be appropriate to refer the employee to the organisation’s Employee Assistance Programme or Occupational Health Adviser to recommend appropriate counselling.
- Where the employee claims, or the line manager has reason to believe, that there is an underlying medical condition which is or may be a contributory factor to the absence, arrangements should be made to refer the employee to the organisation’s Occupational Health Adviser. Refer to Section 3.6.5.
- Where the employee has a disability that is a contributory factor to their absence, their manager should consider if a ‘reasonable adjustment’ (or changing a previously arranged adjustment) would enable the employee to attend work more regularly. This should be discussed with the Director of Governance and Operations who will, where appropriate, utilise the services of the local PACT office.
- Where the level of attendance is considered unsatisfactory and there is clear evidence that the employee is not genuinely sick or has not followed the sickness reporting procedure and does not have personal, family or other welfare problem, the manager should follow the procedure in Section 3.8.

**The appropriate course of action must be confirmed in writing.**

### **3.6.5 Referral to Occupational Health Adviser**

- **Access to Medical Reports**

It should be noted that all employees have access to medical reports, prepared on them, by their medical practitioner or consultant in accordance with the provisions laid down in the Access to Medical Reports Act 1988. This Act allows access to medical reports prepared by a medical practitioner who is or has been responsible for the clinical care of the individual, in response to a request from an employer. A list of the employee's rights under the Access to Medical Reports Act 1988 are contained in the employee consent form which must be signed by the employee before the Occupational Health Adviser can apply to a GP or consultant for a medical report.

- **Referral to Occupational Health**

Where an underlying medical condition is either claimed or suspected, the employee should be referred to the organisation's Occupational Health Adviser in order to obtain a report on their medical condition. The appropriate manager should discuss the reasons for needing the report with the employee before asking for their signature.

- **Obtaining the Employees Consent**

Every effort should be taken to obtain an employee's consent to obtaining a medical report. The employee should be invited to a meeting, which can take place in their own home should they prefer, and given the right to be accompanied by a colleague or their trade union representative. In obtaining the employee's signature the organisation's representative will: -

- Give a full explanation of why such a report is required
- In light of the possible responses in the report explain the possible outcomes for the employee
- Give proper consideration of any reasonable objections raised by the employee, and wherever possible, attempt to meet them

If the employee refuses, without reasonable excuse to attend a medical examination or give their consent to the organisation obtaining a medical report, they should be made aware that this will not assist the decision making process. The employee should be informed that without a report the organisation might have to make a decision regarding the employee's future employment position in the absence of the appropriate medical information. This may be to the employee's detriment.



- **Responsibility of Decision Making Regarding Continued Employment**

Written requests for medical assessments in no way presume that a person is unfit to do the job. That advice or conclusion can only arise after the medical assessment has been made. The ultimate responsibility for taking a decision on the employee's continued employment rests with the organisation and cannot be transferred to the Occupational Health Adviser. However, such a decision should only be taken after full consideration of the Occupational Health Adviser's report, the requirements of the Disability Discrimination Act and any further information provided by the employee, see below.

- **Producing the Report**

The report provided to the Chief Executive will give details on how the employee's health affects performance at work and not medical details. The Occupational Health Adviser will inform the employee that a copy of the report will be made available on request. If the report refers to the Chief Executive the report will be provided to the Director of Governance and Operations.

- **Action Following Receipt of Medical Report(s)**

Following consideration of the Occupational Health Adviser's report, one of the following courses of action will normally be taken:

- Where the employee is considered permanently unfit and unable to undertake normal duties on medical grounds, proceed in accordance with Section 3.6.7 of this procedure.
- Where the Occupational Health Adviser's report clearly attributes the cause of absence to an underlying (or frequently recurring) medical condition, but states that the employee is **not** permanently unfit to undertake normal duties on medical grounds, proceed in accordance with Section 3.7 of this procedure.
- Where the Occupational Health Adviser's report cannot attribute the cause of absence to an underlying (or frequently recurring) medical condition **and** there is clear evidence the employee is not genuinely sick, proceed in accordance with Section 3.8 of this procedure.

Where there is significant conflict in medical advice given as to the employee's fitness to return to work, further specialist advice should be sought from an independent doctor who will preferably specialise in either Occupational Health or the medical condition from which the employee is suffering.

The use of independent medical advice also applies in cases where:



- The medical evidence appears to be factually incorrect
- There is evidence that a recommendation has been made without a proper examination taking place
- The employee refuses to accept the decision of the organisation's chosen medical adviser

### **3.6.6 Confirmed Medical Condition – Permanent Ill Health**

The ill-health retirement procedure deals with an employee who has a permanent ill-health condition. In making this decision the Occupational Health Adviser will have taken into account the organisation's responsibilities under the Disability Discrimination Act 1995 including the redeployment issue.

All the facts should be presented to the employee at a formal meeting where workplace colleague or their trade union representative may accompany the employee. The employee should be informed at this meeting of the proposed termination date, the length of the notice period and the extent of any benefits they may have accrued through the organisation occupational pension scheme.

Following the meeting, formal notice of termination, with the required notice period, should be issued in writing, stating that there is a formal right of appeal against the decision.

It is important to remember that a decision to terminate an employee's employment on health grounds, although based on medical advice, is nevertheless a management decision.

### **3.6.7 Confirmed Medical Condition – Non-Permanent Ill-Health**

- **Medical Decision Stage**

Having conducted an assessment of the employee's present state of health, in consultation where appropriate, with other medical professionals, the Occupational Health Adviser may confirm the existence of an underlying (or frequently recurring) medical condition. However, he or she may not be able to recommend ill-health retirement since the employee is not permanently unfit to undertake normal duties.

- **Management Decision Stage**

The organisation should review the situation in accordance with the criteria laid down in Section 3.6.

In particular the following alternatives should be considered:



Where the employee's attendance record is considered unsatisfactory, the organisation should confirm in writing that the employee's continued employment is at risk. A decision will then have to be made as to whether to refer the issue of the employee's continued employment formally to the Chief Executive for consideration.

Deferring the matter pending a further review by the Occupational Health Adviser at a future specified date. This may be appropriate where the employee is undergoing prescribed clinical treatment likely to lead to an improvement in the medical condition.

- **Redeployment**

Redeployment should normally only be considered where there is reason to suggest that an improvement in the attendance level would result. The organisation will make an initial assessment regarding the suitability of an employee to any existing vacancies, and will then contact the relevant manager. The manager will give reasonable and fair consideration of the employee and will be obliged to justify any decision not to recruit.

Careful consideration of the employee's experience, qualifications, preferences, duties, location, hours of work and suitability for other posts should take place. The employee should be given, where appropriate, assistance in the form of counselling, refresher training, retraining and/or practical help so that their skills, experience and qualifications can be matched against any alternative job opportunities that exist within the organisation. Medical advice must be sought as to the suitability of the alternative job.

If no alternative employment is available, the employee should be informed of the likelihood of the termination of their employment on the grounds of capability. This must not be discussed with the employee prior to discussing the matter with NorthgateArinso. If the employee is in the organisation pension scheme, the trustees may need copies of medical reports prior to approving ill health retirement, they should be contacted prior to the meeting with the employee. A member of NorthgateArinso must be present at this meeting.

### **3.6.8 Hearing Regarding Attendance Levels**

Where redeployment is not available or appropriate or the possibilities have been exhausted, the case should be referred back to the Chief Executive for consideration. The appropriate manager will conduct a hearing as soon as possible. The employee must be given 5 working days written notice of the date of the hearing. The letter should state that its purpose is to consider the employee's continued employment with the organisation. The employee has the right to be accompanied by a work colleague, employee representative or trade union representative.

Where there have been previous warnings and the Chief Executive decides that the level of attendance is such that the employee can no longer fulfil the requirements of the job, the employee will be dismissed with notice or pay in lieu of notice. The outcome of the hearing should be confirmed in writing.



An employee who wishes to appeal against the Chief Executive decision may use the Appeals Procedure. The time limit for registering an appeal is seven working days following the formal notification of written confirmation of the decision.

### **3.7 Absenteeism or Unauthorised Absence Possible Disciplinary**

Where, at the initial review stage there is serious doubt that the employee is unlikely to be genuinely sick or has not followed the sickness absence reporting procedure (such as in cases of absenteeism or unauthorised absence), the manager will arrange a formal hearing to be conducted in accordance with the Disciplinary Procedure. Where the contract of employment and the absence policy allow withholding Statutory and Organisation Sick Pay could be considered. The initial review will, therefore, constitute part of the investigation prior to organising a disciplinary hearing. The employee has the right to be accompanied by a work colleague, employee representative or trade union representative.

In cases of frequent certified absence the stages outlined in Section 5.6 should be followed.

It should be emphasised that an unsatisfactory attendance record may be due to an employee's physical and/or psychological problems. Managers should be sensitive to all work-related problems.

Where a disciplinary hearing is held and formal disciplinary action is taken an appropriate warning will be given. A review period should be set so the employee is given an opportunity to improve the attendance record. The employee will be informed in writing of the outcome of the hearing and told the level of improvement required with the appropriate time-scales for review.

If there continues to be no satisfactory improvement in the level of attendance or the employee fails to follow the sickness absence reporting procedure, the case will be referred for further consideration under the Disciplinary procedure. This may result in a final written warning being issued or, where a final written warning has already been issued, in the employee being dismissed from the organisation's service.

The outcome of any disciplinary hearing should be confirmed in writing. An employee who wishes to appeal against any formal warning or dismissal may use the Appeals Procedure set out in the disciplinary procedure. The time limit for registering an appeal is seven working days following the formal notification of the original decision. The appeal hearing will normally take place within 7 working days of receipt of the letter.

### **3.8 Compassionate Leave**

Paid time off work on compassionate grounds may be granted to assist you if you experience sudden, unplanned domestic upheaval that necessitates a short period of absence from work.

Typical situations include bereavements, serious accidents at home and sudden serious medical problems suffered by family dependants. This would normally include mother, father, spouse, partner, brother, sister, children and grand parents.

Payment for any days depends on the individual circumstances, however CHRE will approve paid compassionate leave of up to 5 days for the death of a spouse, parent, guardian or child or up to three days for another close blood relative, eg brother or sister - further leave can be considered at the discretion of the Chief Executive and should be discussed with your line manager prior to taking such leave. Applications for compassionate leave must be made on the official Absence Application Form.

### **3.9 Unauthorised Absence**

Any absence taken by an employee, which is not due to sickness, or as a result of an emergency situation (please refer to legislation regarding Time Off to Care for Dependants), and was not authorised prior to it being taken, will be dealt with under the organisation's Disciplinary Procedure. If the manager is unable to contact the employee then the manager may need to seek advice from the Chief Executive regarding the appropriate action to be taken.

## Document Control

### Version Control

Printed documents are uncontrolled. This document is only valid on the day it was printed.

Version	Description of Version	Date Completed
1.0	Policy and Procedure for Managing Attendance	22 September 2008
2.0	General Updates	July 2009
3.0	General Updates - Fit Note Scheme	April 2010
3.1	General Updates – Job Titles	April 2010

### Associated Documentation

Version	Description of Documentation
R0042	Medical Consent Forms
R0091	Self-Certification and Return to Work Interview Form

### Legal Disclaimer

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