

NHS Rotherham Clinical Commissioning Group

OE – 14-2-20

AQuA – 3-3-20

Policy Reviews

Lead Executive:	Chris Edwards, Chief Officer
Lead Officer:	Peter Smith, Head of HR
Lead GP:	Dr Jason Page

Purpose:
To advise Governing Body A of HR Policy updates.
Background:
This paper covers scheduled reviews for the Grievance, Recruitment and Selection and Sickness Absence Policies.
Analysis of key issues and of risks
These are scheduled reviews and there are no significant changes. They have been circulated to staff representatives, Counter Fraud and discussed at OE with minor adjustments.
Equality Impact:
The EIAs have been added/amended where appropriate.
Financial Implications:
None
Recommendations:
AQuA are asked to approve the reviewed Policies for ratification by the Governing Body.
Paper is for Approval

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NHS
Rotherham
Clinical Commissioning Group

Title:	Rotherham CCG – Grievance Policy and Procedure
Reference No:	016HR
Owner:	Chief Officer
Author:	Head of HR
First Issued On:	September 2013
Latest Issue Date:	October 2013
Operational Date:	December 2013
Reviewed	January 2016
Consultation Process:	Operational Executive, Staff organisation lead. Counter Fraud
Ratified and Approved by:	AQuA and GB
Distribution:	Website
Compliance:	Mandatory for all permanent and temporary employees of Rotherham CCG.
Equality & Diversity Statement:	In applying this policy, the Organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

Grievance Policy and Procedure

SUMMARY	The Organisation recognises that an agreed and practical procedure for the settling of grievances can contribute significantly to promoting and maintaining good employment relations.
AUTHOR	P Smith
VERSION	Draft 34
EFFECTIVE DATE	January 2016 March 2020
APPLIES TO	All Staff
APPROVAL BODY	Governing Body
RELATED DOCUMENTS	Managing Sickness Absence Policy, Managing Poor Performance Policy, Disciplinary Procedure
REVIEW DATE	March 2019 2023

THIS POLICY HAS BEEN SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT

VERSION CONTROL SHEET

Version	Date	Author	Status	Comment
Draft 1	11-9-13	P Smith	Draft	
Draft2	28-10-13	P Smith	Final	
Draft 3 Review	4-1-16	P Smith	Draft	

Draft 4	March 2020	P Smith	Scheduled review	Scheduled Review, no material changes
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1. POLICY STATEMENT

- 1.1 The Organisation recognises that an agreed and practical procedure for the settling of grievances can contribute significantly to promoting and maintaining good employment relations.
- 1.2 This policy applies to all employees and is in accordance with the Organisations policy relating to Equality and Diversity.
- 1.3 The purpose of this policy is to ensure that all grievances are resolved as quickly as possible and also, wherever practicable, at the level at which they arise without the fear of recrimination.
- 1.4 For clarity, the term grievance means a source of dissatisfaction to an individual regarding their employment or the application and/or interpretation of their terms and conditions of employment, including any policies. As an example, an employee may raise a grievance on any reasonable grounds relating to his/her employment, new working practices, the way in which they have been treated by the organisation or managers acting on its behalf.
- 1.5 Any employee, or group of employees, who wishes to raise a grievance directly relating to their employment has the right to express that grievance. This policy and the supporting procedure provide the machinery for resolving a grievance as speedily as possible.

2. PRINCIPLES

- 2.1 Any matter raised under this policy will be dealt with promptly and confidentially.
- 2.2 An employee has the right to be accompanied by their Trade Union representative or a workplace colleague at all formal stages of the procedure.
- 2.2 The manager will be supported by a Human Resources representative at all formal stage of the procedure.
- 2.3 Wherever possible, normal working will continue throughout the grievance process until resolution has been reached. Where this is considered not possible, or there is disagreement, the matter should be referred to a HR Representative.
- 2.4 Complaints about any disciplinary action should be dealt with as an appeal under the disciplinary procedure.
- 2.5 Grievances raised by an employee whilst subject to disciplinary proceedings will usually be heard only when the disciplinary process has been completed. In instances where the grievance has bearing on the disciplinary proceedings, it can be raised as a relevant issue in the course of the proceedings and disciplinary proceedings may be suspended. Where an initial investigation into the complaint finds that the grievance and disciplinary cases are related it may be appropriate to deal with both matters concurrently. If the grievance complaint is found to have no bearing on the matters being investigated under the disciplinary process the disciplinary proceedings will continue.
- 2.6 Data is held and destroyed in accordance with provisions of the **General Data Protection Act 1998 Regulations** and any CCG policy which derives from ~~that Act~~ **those regulations**.
- 2.7 The Organisation will ensure that all managers who may be involved in grievance matters are suitably trained and supported and have the necessary knowledge and skills required to carry out their role.

2.8 Where appropriate and practicable the working and management arrangements which applied before the grievance or dispute should operate until this procedure has been exhausted. If the time limits for exhausting the procedure are exceeded, the position will be jointly reviewed by the management and staff sides.

3. PROCEDURE

The procedure is detailed in PART 2

4. SUPPORT AND ADVICE

The Organisation encourages informal resolution of grievances, wherever possible, and as such there are other informal interventions available, for example Mediation. At any point either before raising a grievance or at any stage in this procedure an employee may wish to involve a Trade Union, HR representative or work colleague who will be able to provide help and advice.

5. SCHEME OF DELEGATION

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

Informal procedure	Line Manager or equivalent level manager from elsewhere within the organisation
Stage 2 - Formal Resolution	Line manager or, if the line manager has been previously involved or implicated, the equivalent level manager from elsewhere within the organisation or the line managers direct manager
Appeal following Stage 2 – Formal Resolution	Line Managers manager or equivalent who has not previously been involved or implicated

6. EQUALITY STATEMENT

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

7. MONITORING AND REVIEW

7.1 The policy and procedure will be reviewed periodically by the Operational Executive in conjunction with Trade Union representatives **and Counter Fraud**. Where review is necessary due to legislative change, this will happen immediately.

7.2 The implementation of this policy will be reviewed periodically by the Operational Executive.

PART 2 – PROCEDURE

1. Stage 1 – Informal Resolution

- 1.1 Any employee who wishes to express a grievance should first discuss the issue with their immediate line manager. This provides an opportunity for issues to be resolved without recourse to the formal procedure. If the individual feels unable to raise the issue with their line manager, they should speak to another manager within the department. Informal grievances should be handled promptly to prevent further issues arising.
- 1.2 Employees are encouraged to address issues informally wherever possible and are invited to consider alternative interventions. Dependant upon the nature of the grievance, examples of alternative interventions may include: Mediation, Coaching, and Mentoring. To understand more about what interventions may be beneficial the employee should discuss this with the Head of HR.

2. Stage 2 – Formal Resolution

- 2.1 Should the matter not be resolved informally at Stage 1, or where the issue is felt to be more serious, then the employee has the right to raise the matter formally. To do this, the employee should set out the details of the grievance and desired outcome in writing and send the written complaint to their line manager. Should they feel unable to do this, the grievance should be submitted to their manager's manager and/or the Head of HR
- 2.2 Any manager receiving a formal grievance must act upon the matter promptly and must also notify the Head of HR.
- 2.3 Attempts must be made to resolve the matter informally, depending on the nature of the employee's complaint. However if the employee remains dissatisfied with the outcome they may insist on the matter proceeding to a full grievance hearing.
- 2.4 The manager dealing with the grievance must invite the employee to a formal meeting, to allow the employee to discuss their grievance. The employee must inform the employer of the basis for the grievance.
- 2.5 This meeting should be held as soon as possible, ideally within 5 working days of, but no later than 10 working days after receipt of the grievance. All parties must take all reasonable steps to attend this meeting. If this cannot be achieved, the reasons for delay are to be recorded. The timing and location of the meetings must be reasonable to all parties.
- 2.6 Wherever possible it is expected that resolutions will be presented at the meeting by the manager hearing the grievance. However it may be necessary to adjourn the meeting to further investigate the issues.
- 2.7 Where it is not possible to meet this timescale because further investigation is required, any extension to the deadlines set out in this procedure should, if possible, be agreed with the complainant. Reasons for the extensions must be recorded and an estimation of the revised timescale given.
- 2.8 The grievance will be fully investigated and the employee informed of any decision in writing within a further 10 working days of the meeting.

2.9 Parties to the grievance are required to take all reasonable steps to meet the timescales outlined. Where this is not possible, the parties must keep each other informed and proceed without delay.

2.10 All meetings will be conducted in a manner which enables both sides to put forward their cases. Where necessary, managers should seek advice from **the Head of HR** who will attend the meeting.

2.11 After hearing the details of the grievance there will be an adjournment to allow the manager to make a decision on whether or not to support case. The manager will communicate the outcome to the employee on the same day or in exceptional circumstances the next day. If the manager requires any further clarification on the case a further meeting may be arranged at a later date. Once a decision has been made the employee will also be notified of it in writing. The letter should detail the evidence taken into account, how the decision was arrived at and of the right to appeal against the decision.

2.12 Notes of the meeting will be taken by the HR Manager supporting the meeting or administrative support if more complex or lengthy issues are involved.

2.13+ In cases where two or more employees raise a grievance on the same issue, this will be known as a "Collective Grievance". In such cases, an appropriate representative may set out details of the grievance in writing on behalf of the employees. An appropriate representative shall be defined as Trade Union Representative or a nominated employee representative.

3. Mediation

3.1 Mediation is a voluntary process and may be considered at any stage of this procedure to help resolve issues between individuals. It may be used in situations such as:

- dealing with conflict between colleagues or between a line manager and employee;
- rebuilding relationships after a formal dispute has been resolved;
- Addressing a range of issues including relationship breakdown, personality clashes, communication problems etc.

3.2 It should be noted that not all cases will be suitable for mediation and that both parties must be in agreement for it to go ahead.

3.3 Should mediation be considered an option, this should be discussed with the **Head of HR** who may suggest an independent mediator to take the matter forward.

3.4 The mediator **will take** charge of the process of seeking to resolve the issue but not the outcome, which will be agreed by the individuals.

4. APPEAL

4.1 If the employee considers that the grievance has not been satisfactorily resolved, then they must inform the employer that they wish to appeal against the ~~grievance panel's~~**manager's** decision. An appeal must be made in writing, stating the grounds on which the appeal is being made and received by the employer within 5 working days of the employee being informed of the decision. The appeal should be sent to the **Head of HR**.

4.2 Should the appeals procedure be invoked, the employee will be invited to an appeal hearing. ~~The appeal meeting~~**This** will be chaired by an appropriate manager in line with the scheme of delegation (**See 5 above**). This meeting should take place as soon as possible

but no later than 10 working days following receipt of the application to appeal. Where this is not possible, reasons for the delay are to be recorded and agreed.

- 4.3 The employee should be informed of the outcome of the appeal in writing within 5 working days of the appeal meeting taking place. There is no further right of appeal.
- 4.4 In the case of a collective grievance which has not been resolved at Appeal level and where the group of staff remains aggrieved, a referral to ACAS may be made. In the interests of resolving the issue(s) all parties will co-operate in any such conciliation process and any outcome will be mutually acceptable. Either party may seek arbitration as a final means of resolving any grievance but arbitration will only be instigated by the agreement of all parties, with written terms of reference.

5. GRIEVANCE APPEAL PROCEDURE

Appeals will normally be heard by the line manager of or a more senior manager to, the person(s) who were involved in the original investigation. All appeals will include a HR Representative.

The procedure for an appeal hearing is as follows

1. The employee(s) will present their case first, explaining the outstanding issues that are unresolved from their perspective and call any witnesses.
2. The management side will then be able to ask any questions about the case the employee(s) have presented.
3. The appeal panel members will also have an opportunity to ask any questions.
4. The management side will then be asked to present their case to the panel, explaining the reasons for the action they have taken, including calling of any witnesses.
5. The employee side may then wish to ask the appellant any questions about their case.
6. The appeal panel members will also have the opportunity to ask any questions.
7. Both parties may call an adjournment with the agreement of the panel members.
8. Both parties will have the chance to sum up their case.
9. There will then be an adjournment when both sides will be asked to leave the room while the appeal panel consider the information they have heard and reach their decision.
10. The decision of the panel will be communicated to both parties verbally, following the adjournment wherever possible, and in any case will be confirmed later in writing (again to both parties), no later than 5 working days after the Appeal Hearing.

Equality Impact Assessment

Title of policy or service:	Grievance Policy	
Name and role of officer/s completing the assessment:	Peter Smith - Head of HR	
Date of assessment:	April 2018 March 2020	
Type of EIA completed:	Initial EIA 'Screening' <input checked="" type="checkbox"/> or 'Full' EIA process <input type="checkbox"/>	<i>(select one option - see page 4 for guidance)</i>

1. Outline	
<p>Give a brief summary of your policy or service</p> <ul style="list-style-type: none"> • Aims • Objectives • Links to other policies, including partners, national or regional 	<p>The Grievance Policy is in place within the organisation to ensure that when issues cannot be resolved informally through normal line management routes that there is a process in place for concerns to be raised and resolved through a formal process. Related policies include the Whistleblowing Policy, the NHS Agenda for Change Terms and Conditions of Employment, Disciplinary Policy, Managing Concerns with Poor Performance at Work Policy, Managing Sickness Absence Policy, Organisational Change Policy, Flexible Working Policy, Acceptable Standards of Behaviour Policy, Annual and Special Leave Policy.</p>

Identifying impact:

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

2. Gathering of Information					
This is the core of the analysis; what information do you have that might <i>impact on protected groups, with consideration of the General Equality Duty.</i>					
(Please complete each area)	What key impact have you identified?			For impact identified (either positive or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact, there is an agreed process in place for issues to be raised.	Promotes equality in the workplace.
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact, there is an agreed process in place for issues to be raised.	Promotes equality in the workplace.
Carers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact, there is an agreed process in place for issues to be raised.	Promotes equality in the workplace.
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact, there is an agreed	Promotes equality in the workplace.

				process in place for issues to be raised.	
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact, there is an agreed process in place for issues to be raised.	Promotes equality in the workplace.
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact, there is an agreed process in place for issues to be raised.	Promotes equality in the workplace.
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact, there is an agreed process in place for issues to be raised.	Promotes equality in the workplace.
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact, there is an agreed process in place for issues to be raised.	Promotes equality in the workplace.
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact, there is an agreed process in place for issues to be raised.	Promotes equality in the workplace.
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact, there is an agreed process in place for issues to be raised.	Promotes equality in the workplace.
Marriage and civil partnership (only eliminating discrimination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact, there is an agreed process in place for issues to be raised.	Promotes equality in the workplace.
Other relevant groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact, there is an agreed process in place for issues to be raised.	Promotes equality in the workplace.
HR Policies only: Part or Fixed term staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact, there is an agreed process in place for issues to be raised.	Promotes equality in the workplace.

IMPORTANT NOTE: If any of the above results in 'negative' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

Having detailed the actions you need to take please transfer them to onto the action plan below.

3. Action plan				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	Lead / Reviewing Officer:	Head of HR	Date of next Review:	July 2019 March 2023

Once completed, this form **must** be emailed to the Equality Lead for sign off:

Equality Lead signature:	
Date	



Rotherham

Clinical Commissioning Group

Title:	Recruitment & Selection Policy (Including Professional Registration, Recruitment & Retention Premia, Disclosure Barring Service, Disclosure of Criminal Background, References)
Reference No:	013/HR
Owner:	Chief Officer
Author	Head of HR
First Issued On:	1 st December 2014
Latest Issue Date:	June 2017
Operational Date:	June 2015
Review Date:	June April 2023
Consultation Process	OE, staff, counter fraud, trade union, SCE
Ratified and approved by:	AQua Governing Body
Distribution:	All staff, Lay and Strategic Clinical Executive (SCE) members of the CCG.
Compliance:	Mandatory for all permanent and temporary employees of Rotherham CCG, Lay and SCE Members.
Equality & Diversity Statement:	In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.
<small>R:\13. Policies\Policies as word documents\HR Policies\013-HR Recruitment Policy 1st review</small>	

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1. PURPOSE

- 1.1 The Recruitment and Selection Policy is designed to support managers in providing a fair, consistent and effective approach to the recruitment of all employees, in accordance with employment law and best practice.
- 1.2 The organisation actively promotes equality of opportunity for all and welcomes applications from a wide range of candidates.
- 1.3 The organisation complies fully with the NHS Employment Check Standards and the Disclosure & Barring Service (DBS) code of practice and undertakes to treat all applicants fairly through a fair process.

2. SCOPE

- 2.1 This procedure applies to all vacancies, appointments and employees within the CCG including, as appropriate, and Strategic Clinical Executive (SCE) and Lay Members appointments.

~~2.1~~

3. EQUALITY STATEMENT

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

4. ACCOUNTABILITY

- 4.1 The Chief Officer is accountable for this policy.

5. IMPLEMENTATION AND MONITORING

- 5.1 The CCG Governing Body is responsible for formal ~~approval~~ **ratification** and monitoring compliance with this policy. Following ratification the policy will be disseminated to staff and SCE/Lay Members via the organisation's intranet.
- 5.2 The policy and procedure will be reviewed periodically by Human Resources in conjunction with the Operational Executive, Governing Body, managers, **Counter Fraud** and Trade Union representatives where applicable. Where review is necessary due to legislative change and/or recruitment audits, this will happen immediately.

6 RESPONSIBILITIES

- 6.1 Good working relationships are vital for the organisation to operate successfully and provide services. There is a joint responsibility for management, trade unions and employees to accept the responsibility of working together on issues in good faith and with the shared intention of facilitating good working relations.
- 6.2 **Employees and SCE/Lay Members, Prospective Employees, Honorary appointments(unpaid) and Students**
 - 6.2.1 It is the responsibility of the above to:
 - Provide all relevant information and documentation required by the CCG to comply with recruitment processes.
 - Ensure that professional registration is maintained (where appropriate) in line with the CCG's protocol and procedures.

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- Advise their recruiting manager or line manager of any changes in their circumstances.
- Inform their line manager should they be charged with an offence or if their status changes with regard to checks during their employment.

6.3 **Recruiting Manager**

6.3.1 It is the responsibility of the recruiting Manager to:

- Comply with this Policy and all related recruitment procedures.
- Ensure all necessary pre-employment checks are carried out on prospective appointments, including temporary, secondment and agency staff.
- Attend recruitment training and be aware of and apply all of the CCGs recruitment procedures.
- Ensure that the Recruitment and Selection Policy is applied fairly to all.

6.4 **HR and Recruitment Service**

6.4.1 It is the responsibility of the **Head of `HR and ~~Recruitment~~ the HR Shared** Service to:

- Devise a policy and procedure on recruitment & selection of employees and SCE/Lay Members and to ensure that the policy and procedure is maintained and updated accordingly in line with any CCG or legislative changes.
- Provide on-going support and training for all managers and SCE/Lay Members , in dealing with the recruitment and selection process, to ensure compliance with the relevant HR policies and procedures.
- Monitor all recruitment to ensure all required pre-employment checks have been completed. Ensure that completed documentation is placed on file and meets all audit requirements.
- Collect and report equality monitoring data for recruitment and selection. Identify potential inequalities and propose actions to address these.

PROCEDURE

7. Identifying a Vacant Post

7.1 When a vacancy arises, managers will want to consider the most appropriate way to cover the work. Before a new or revised job description and job specification is drawn up, managers should review the staffing levels, skill mix and working patterns in their team to identify any job changes and any potential redeployment requirements.

7.2 The following question should be considered:

- Can the work itself be eliminated?
- Can the work be absorbed by re-organising existing resources?
- Is it the same job as was done previously?
- Do the hours need to be the same?
- Can skill mix be considered as an alternative?
- Will the job be permanent or temporary?
- What future service developments or changes might affect the post?

8. Appointing to a vacant post without advertising

8.1 If a post becomes available on a temporary basis due to such reasons as maternity or long-term sickness cover, the recruitment and selection process must be followed when selecting an employee to cover the vacancy. In such circumstances, it may be appropriate to advertise internally in the CCG or recruit to the vacancy from a specific group of staff, for example where the post is of a specialist nature.

8.2 The ring fencing of vacancies would normally only apply where certain jobs are at risk. Where managers are considering ring fencing vacancies for any other reasons it is recommended they discuss this with the Head of HR and/or relevant OE member.

8.3 Prior to any post being advertised the CCG should give consideration to any employees who are currently 'At Risk'. At risk employees need only meet the essential criteria in order to have a ring fenced interview and the Recruiting Manager will need to provide evidence where they are not shortlistable and appointable.

8.4 The CCG will also ensure that any national or regional clearing house initiatives which apply or have been agreed to are followed prior to advertising any vacancies externally.

9. Job Evaluation

9.1 Having established that a vacancy exists a job description and person specification should be completed for the post. If it is an existing post then the current job description and person specification must be reviewed and any necessary changes made.

9.2 The job description should summarise the role and responsibilities of the post in a concise and accurate way.

9.3 The person specification defines the qualifications, skills, experience, aptitudes etc that are required by a person to fulfil the role. The criteria must be categorised as either essential (the minimum standard to perform the role adequately) or desirable (the standards which will enable the person to perform the job more effectively). The criteria used should be competency based to enable candidates to demonstrate how they have used particular skills previously.

- 9.4 The job description and person specification should be prepared in a standard format agreed by the organisation. Template will be provided by the Head of HR
- 9.5 All new job descriptions and person specifications should be matched in line with the Agenda for Change job evaluation process. Any significant amendments to a previously banded job should be submitted through the Job Evaluation service who will evaluate whether the changes are sufficient to require the post to be re-banded. For positions that are not covered under the Agenda for Changes terms and conditions advice on job evaluation should be sought from the Head of HR. Posts may be advertised with an indicative band subject to evaluation confirmation if necessary.
- 10. Financial / Establishment Control**
- 10.1 The organisations establishment control procedures should be completed prior to any post being advertised i.e. complete the CCG Vacancy Control Form and, **following discussion and agreement at OE**, ensure it is authorised by the Chief Officer and/or relevant OE member.
- 11. Advertising a Vacancy**
- 11.1. Adverts will be placed by the HR **Recruitment Shared Service** Team, usually for a period of two weeks.
- 11.2 External Recruitment**
- 11.2.1 External vacancies will normally be advertised on the NHS jobs website and applications are requested online. Under our responsibility to the Equality Act all applicants will be offered an application form in an appropriate format.
- 11.2.2 Where external advertising is appropriate local or national publications may be used or key community associations. Any advertising costs need to have prior approval from the CCGs OE Member.
- 11.2.3 Where NHS Jobs is not suitable, bespoke services should be discussed with ~~a~~ the Head of HR.
- 11.3 Internal Recruitment**
- 11.3.1 Vacancies can be advertised internally within the organisation, with only current employees eligible to apply.
- 11.3.2 Internal vacancies may be advertised via NHS Jobs, the organisations newsletter, email system or intranet.
- 11.3.3 Applications will normally be requested online via NHS Jobs. Alternative application processes may be available and should be discussed with the Head of HR , e.g. up to date CV and Letter of Application during periods of organisational change.
- 12. Shortlisting**
- 12.1 Shortlisting should be completed through the NHS Jobs site. This will ensure all stages of the process will be recorded and managed via the system. The recruiting manager and other shortlisting reviewers where appropriate will be sent an email link once the vacancy closes.
- 12.2 Shortlisting for any ~~ye~~ SCE/Lay Members Appointments will normally be completed by relevant Officers and the Chair of the selection panel will be **consulted** ~~about~~ **consulted about** shortlisted applicants and given assurance that the correct procedure has been followed.

- 12.3 Shortlisting must be carried out by examination of applications against the person specification and these must be applied consistently to all candidates on the basis of the information supplied in their applications. Where a large number of applicants satisfy the essential criteria other desirable criteria will be systematically applied to reduce the number of candidates. Under our commitment to "Disability Confident", all candidates who meet the essential criteria and indicated that they have a disability, will be automatically shortlisted.
- 12.4 When shortlisting is completed using NHS Jobs recruiting managers will not have access to any personal information until after the short listing process has been concluded. The reasons for decisions not to shortlist should be clearly recorded on the short-listing section of NHS Jobs and the shortlisting matrix. This information will be required as evidence if allegations of unfair treatment are made.
- 12.5 Where applications have not been via NHS Jobs an appropriate shortlisting matrix will be used. Where the names of the applicant are available to the interview panel member, e.g. on a CV or letter of application, shortlisting documentation / records will allow for any known personal or professional relationships to be declared.
13. **Interview Assessment**
- 13.1 Interview panels will consist of a minimum of two people at least one of whom must have undertaken the organisations Recruitment and Selection Training. For clinical posts, at least one panel member should be a clinician from the speciality to which the position relates. Any external assessors involved in the selection process will abide by the organisations recruitment and selection processes.
- 13.2 Shortlisted applicants will be invited to interview with reasonable notice before the interview date. Where possible the interview date should be included in the advert.
- 13.3 The recruiting manager will ensure that all panel members follow procedures and sound recruitment practices.
- 13.4 Where previously advised by the HR Operational Team, recruiting managers are required to make reasonable adjustments that are required by candidates with a declared disability to take part in an interview, so that they are not at a substantial disadvantage. The recruiting manager will be responsible for co-ordinating arrangements for the day, including room bookings, refreshments and facilitating any requests made by applicants with a disability.
- 13.5 The HR Operational Team will supply the interview panel with an interview schedule along with contact details for the shortlisted candidates. They will also provide an interview score sheet and a candidate appointment form.
- 13.6 Each interview panel member is responsible for recording their own assessment of each candidate by completing the interview assessment form. Any additional papers should be attached. Applicants are legally entitled to view these documents and they can be used in Employment Tribunals.
- 13.7 All panel members will ask the same core questions of each candidate, using the interview evaluation form. These questions will be based on the criteria in the person specification and can be weighted if appropriate.
14. **Additional Assessment Methods**
- 14.1 Selection tests are an excellent method of assessing a candidate's ability to perform the duties of the post, providing they are relevant, reliable, fair and unbiased and are

recommended for all recruitment exercises. Examples include, typing tests, in tray tests, writing a document, tests in the use of applicable software, case studies or scenario exercises and group exercises. It may be necessary to make reasonable adjustments to a test to accommodate a candidate with a disability.

15. **Selection Decisions**

15.1 Selection decisions must be objective and should only be made on the basis of how closely the candidates meet the person specification and interview assessment criteria.

15.2 Once a decision has been made the recruitment pack with all related documentation should be returned to the HR Operational Team. The recruiting manager will be responsible for contacting candidates with the outcome and providing feedback.

16. **Pre-employment Checks**

16.1 Following the recruitment process pre-employment checks will be carried out for the successful candidate. These will be confirmed in a conditional offer letter and must satisfy the requirements of the NHS Employers pre-employment check standards as follows:

- Verification of identity checks
- Right to work checks
- Registration and qualification checks
- Employment history and reference checks
- Criminal record checks (where applicable)
- Occupational health checks.

16.2 All pre-employment checks should meet these requirements prior to the candidate receiving an offer letter confirming appointment. The CCG will withdraw any conditional offer of employment to anyone who fails to meet these requirements.

16.3 Evidence of all pre-employment checks conducted will be stored on individual HR files with a record of the outcome entered and maintained by the HR Operational Team on ESR.

16.4 Temporary workers should only be obtained through recruitment agencies approved by the Government Procurement Service. These agencies are responsible for obtaining pre-employment checks on all workers in line with all the NHS Employment check standards.

16.5 Recruiting managers should not agree a start date prior to all pre-employment checks being completed. The CCG will withdraw any conditional offer of employment to anyone who fails to meet these requirements.

16.6 Further information on the specific process for obtaining these checks and the process for the follow-up for those who fail to satisfy the checking arrangements is available in Appendix 1.

17. **Alert Letters**

17.1 Alert Letters are issued to notify NHS organisations and others about health professionals whose performance or conduct could place patients or staff at serious risk.

- 17.2 Employees regulated by one of the following bodies are covered by this procedure and maybe subject to alert letters:
- General Medical Council
 - General Dental Council
 - Nursing & Midwifery Council
 - General Chiropractic Council
 - General Osteopathic Council
 - Health Professions Council.
 - General Pharmaceutical Council
- 17.3 When Alert letters are received they are forwarded to the HR Operational Team to ensure that they can be checked against records of candidates going through the recruitment process and existing staff. Their names will be entered on a local alert list database against which any potential new employees or workers will be checked before an offer of employment is made.
- 17.4 If an applicant is identified as being on the alert letter database recruitment will be halted, relevant parties informed and appropriate action taken.
18. **Starting Salary and Incremental Dates**
- 18.1 New employees from outside of the NHS should be appointed on the lowest salary point in the relevant band.
- 18.2 In exceptional circumstances the recruiting manager may wish to make an offer higher than the bottom of a particular salary band, taking into account previous equivalent service outside of the NHS and current confirmed earnings. Recruiting managers will need to consider to what extent the previous service will be of relevance to their new post and make a clear rationale why a higher offer is appropriate. The higher offer must be agreed by the appropriate OE member following discussion with the Head of HR
In considering the case for counting previous equivalent service outside of the NHS, account should be taken of other terms and conditions of service applicable to the post, for example:
- Any additional allowances attached to the post e.g. working outside normal hours; on-call; Recruitment and Retention Premia etc.
 - The Occupational Pension Scheme
 - Annual leave and sick leave entitlements.
- 18.3 Salaries agreed must exist as a point on the pay scale for the pay band and should never be more than the maximum of the scale.
- 18.4 When a candidate already working for the NHS is offered a job that is at the same pay band as their current role, they would move across on the same pay point. When a candidate already working for the NHS is offered a job that is at a higher band pay should be set at the minimum of the new pay band. However, if this would result in no increase either because the individual is receiving a bonus or recruitment or retention premium or because they are at the top of the band, the individual would go to the first pay point in the band which would result in an increase in pay.
- 18.5 For newly appointed or promoted staff the incremental date will be the date they take up their post.
19. **Recruitment & Retention Premia**

The aim of a Recruitment and Retention premia is to ensure that the organisation remunerates all of its employees at a level at which recruitment and retention difficulties will not be encountered. Principles and Definitions can be found in appendix 2.

20. **Induction**

All new employees must be fully inducted into the organisation following the Induction arrangements for the CCG. **New employees will also be subject to a Probationary Period normally for six months from commencement which may be extended to twelve months.**

21. **Starter Documentation**

The recruiting manager or line manager (if different) is responsible for ensuring that all new starter paperwork is completed on or before the employee's first day.

22. **Managing Personal Relationships**

Applicants will be required to declare on their application any personal/work relationship issue as this may cause a conflict of interest. Further information is included in Appendix 5.

23. **Secondary Employment**

Employees may not engage in secondary employment (paid or voluntary) which conflicts with their work with the CCG, or which is detrimental to employees work with the organisation. Employees wishing to engage in secondary employment/voluntary work in addition to their primary post must refer to the working time regulations hours limitations and declare their secondary employment to their line manager **for approval** on the form provided.

24. SCE and Lay Members Appointments

24.1 SCE and Lay Members appointments will follow the principles contained in the Policy

24.2 The Commissioning Board guidance for Clinical Commissioning Group governing body members: Role outlines, attributes and skills (October 2012) will be included within relevant job role specifications for Governing Body recruitment activity.

24.3 Job role specifications will align with respective roles and responsibilities outlined within the CCG's Constitution and compliance with Section 9 of the CCG's Recruitment and Selection Policy.

24.4 Lay member appointments will pay due regard to the Best Practice Resource/Practical Toolkit – for the appointment of lay members to Clinical Commissioning Groups (NHS England Lay Member recruitment guidance)

24.5 Shortlisting documentation / records will allow for any known personal or professional relationships to be declared.

24.6 NHS jobs will be used to support the appointment process to ensure that all stages are recorded and managed via the system.

Appendix 1

1. Pre-Employment Checks

1.1 Six NHS Employment Check Standard

NHS Employers have published a series of standards that detail the legal and mandated employment checks that NHS organisations must carry out to meet the Department of Health's core standards outlined within the Standards for Better Health. These checks will be carried out on all prospective employees including temporary, fixed term and voluntary workers.

1.2 Verification of Identity

The identity of all prospective employees must be reliably verified and recorded before any appointment can be made. Verification of identity checks are designed to determine that the identity is genuine and relates to a real person and to establish that the individual is rightfully using that identity.

All applicants are required to provide at interview, evidence of identity. This must then be photocopied by the Recruiting Manager (or nominated deputy) certified and retained with all the recruitment documentation. They must provide original identity documents in either of the combinations below:

- Two forms of photographic personal identification and one document confirming their address
- One form of photographic personal identification and two documents confirming their address.

In addition, evidence will also be obtained of the applicant's signature. This will be acquired through the completion of a signature verification form that must be countersigned by the Recruiting Manager (or nominated deputy) and retained with all the recruitment documentation.

1.3 Right to Work Checks

The Trust has a responsibility to prevent illegal migrant working in the UK. An individual must produce documents to prove they are permitted to work in the UK and that their identity is genuine.

If an individual is not subject to immigration control, has no restrictions on their stay in the UK or is a UK citizen, then they will still be required to produce a document or a specified combination of documents prior to commencing employment.

Where the individual has limited leave to be in the UK the checks will be repeated on that employee by the Recruitment team at least 3 months before expiry, until they provide specified documents indicating that they can remain permanently in the UK or until they leave the organisation's employment.

All documents provided by individuals must be checked following guidance on www.ukba.homeoffice.gov.uk. A certified copy of the documents is to be kept on the personal file.

Certain documentation is accepted as proof of an individual's identity and this must be produced prior to commencement of employment.

1.3.1 **Work permits/Certificates of Sponsorship - Tier 2**

If a prospective employee is not a British Citizen or a citizen of one of the EEA countries, they are likely to require a sponsorship certificate which will be applied for by the organisation to undertake employment. There are certain exceptions including:

- Swiss nationals
- a family member of an EEA or Swiss national who is in the UK exercising their treaty rights or a family member of an EEA or Swiss national who intends to join them in, or is travelling with them to, the UK
- a citizen of Gibraltar
- a Commonwealth citizen with permission to stay in the UK on the basis of UK ancestry.

If a recruiting manager has questions about the likelihood of their post being suitable for a Tier 2 sponsorship certificate they should contact the Recruitment team for further information.

Where successful applicants require a sponsorship certificate, the application process will be managed by the recruitment service.

The organisation will have to demonstrate that the resident labour market has been tested appropriately by national advert for up to 4 weeks. This means that no EU/EEA Nationals were suitable to fill the post.

The individual applicant/employee is responsible for securing their leave to remain and entry clearance. They must also ensure they have appropriate documentation to support their leave to remain (passport stamps or Identity Card). Certified copies of these must be held on the employee's personal file for the duration of their employment.

The organisation will pay the sponsorship fee. The individual will be responsible for the payment for their leave to remain.

1.3.2 **Refugees and Asylum Seekers**

A refugee has rights under the Geneva Convention to be treated no less favourably than citizens of the host nation. In the UK refugees have the right to work.

Since 2003 asylum seekers do not have the right to work in the UK. Only a very small number of asylum seekers will have the right to work and if so it will state 'employment permitted' on their Application Registration Card (ACR).

1.4 **Employment History and Reference Checks**

Before any appointment is made it is essential to check the accuracy of a prospective employee's previous employment and/or training history. It is also necessary to receive assurance of an individual's qualifications, integrity and track record.

Recruiting managers should check the suitability of the supplied references at interview for all applicants and document any alternatives, if appropriate, on the preferred applicant's candidate confirmation form. The HR Operational Team will then contact the referees for the preferred candidates by e-mail.

Reference should always be obtained in writing and will be requested using the organisation's standard proforma, although it may be necessary to further clarify

information with the referee over the phone. Always obtain confirmation of employment and/or training in writing, either via post, email, fax, or using the organisation's preferred recruitment software (such as NHS Jobs or Health Jobs UK for instance). Electronic confirmation must come from a company email address (private email addresses such as Yahoo, Hotmail etc are not acceptable). Employers, including agencies providing staff to the NHS, will need to satisfy themselves that both the referee and the organisation are bona fide. This could include checking that the organisation exists (using the phone book, internet or business directories). All references should include the referee's name, job title, a mainline switchboard number.

References should be appropriate in order to provide the best possible evidence on the suitability of an individual for a position. References should cover at least the last three years of previous employment and/or training history and they should include the applicant's current or most recent employer or training provider. Where an individual has been with one employer for five years or more, one reference may be sufficient. Where a prospective employee has changed employment frequently within the last three years, a sufficient number of confirmations must be obtained to cover the continuous three years history.

For Internal appointments a reference should be sought from the applicant's current/last NHS manager. Employers must assess whether any additional references are required to provide adequate assurances.

1.5 Registration and qualification checks

The purpose of registration and qualification checks is to ensure that all prospective employees are recognised by the appropriate regulatory body and that they have the right qualifications to do their job. (Please refer to appendix 3 on Professional Registration).

1.6 Registration Checks

Before any unconditional offer letter is issued the recruitment service will confirm the individual has current registration with the appropriate professional body. This is done via the professional bodies' website as per the organisation's Professional Registration Policy. Evidence of this is printed by the HR Operational Team and placed on the individuals HR file and documented on the starter checklist.

Professionally registered staff are required to maintain their professional registration throughout their employment. Further information is available in appendix 3.

1.7 Qualification Checks

The organisation must ensure that all employees have the required qualifications to perform the role for which they are appointed. All applicants are required to provide at interview, evidence of any qualification that is required for the role. These must then be photocopied by the recruiting manager (or nominated deputy) and retained with all the recruitment documentation.

1.8 Occupational Health Checks

Occupational Health checks ensure that employees are physically and psychologically capable of doing their role, taking into account any current or previous illness. It is designed to identify anyone likely to be at excess risk of developing work-related diseases from hazardous agents present in the workplace and to ensure, as far as possible, that they do not represent a risk to others and that they will be doing work that is suitable and safe for them.

Occupational health checks should be carried out when a member of staff is first appointed to a position within the organisation or if they change positions, where this involves a significant change of duties.

Applicants successful at interview and who are defined as 'healthcare workers' are required to complete a full occupational health pre-employment questionnaire.

Those that do not fit this definition are required to complete a work health declaration form asking whether they have either:

- Are you aware of any health conditions or disability which might impair your ability to undertake effectively the duties of the position which you have been offered?
- Do you have a health condition or disability which might affect your work and which might require special adjustments to your work or at your place of work?

The questionnaire or health declaration is sent to the successful applicant. A work health declaration form will only be submitted to the occupational health department if the applicant has answered yes to either of the above questions. Health questionnaires are sent directly to be reviewed by the Occupational Health department.

All checks must take into account the requirements of the Disability Discrimination Act 1995 (DDA) and Equality Act (2010) and reasonable adjustments must be made to ensure that people can work in the NHS regardless of physical impairment or learning disabilities. Occupational health checks should only be made once a job offer has been made.

Results of prospective candidate occupational health checks will be confidentially filed and stored in the occupational health department.

Once the Occupational Health department have reviewed all the information from the individual they will either issue a fit to work clearance certificate or provide a report detailing the applicant's suitability for the role and advising of any adjustments that would need to be made to the working environment in order to facilitate employment.

It may be necessary for individuals to attend the Occupational Health Department in their first week of starting the new role in order to obtain any immunisation updates.

1.9 **Criminal Background Checks / Disclosure Barring Service (DBS)**

Guidance on the procedure for dealing with a disclosure check and the recruitment of ex-offenders is attached in appendix 4.

1.10 **Recording Checks**

Evidence of all pre-employment checks conducted will be stored on individual HR files with a record of the outcome entered and maintained by the HR Operational Team on ESR.

1.11 **Temporary/Agency/Contingent Workers**

Temporary workers should only be obtained through recruitment agencies approved by the Government Procurement Service. These agencies are responsible for obtaining pre-employment checks on all workers in line with all the NHS Employment check standards.

2. **Follow-up for those who fail to satisfy the checking arrangements**

Individuals will not be able to commence employment with the CCG until satisfactory pre-employment checks have been received.

If unsatisfactory check(s) are received, the matter will be escalated to the recruiting manager and the following processes will apply:

2.1 Eligibility to work in the UK & Identity Checks

Failure by an applicant or employee to provide accurate information in regard to their eligibility to work in the UK or their identity checks will result in their immediate suspension from work without pay. At the same time the NHS Fraud team and the Home Office will be informed and an investigation undertaken by the recruitment/line manager and HR service.

2.2 Employment History & Reference Checks

In the event of unsatisfactory employment history or reference checks being received, the recruiting manager will be informed, enabling them to make a full review of the facts and circumstances and make a decision to recruit or withdraw the job offer.

2.3 Disclosure & Barring Service (DBS) Checks (Previously CRB)

In the event that conviction or other information is contained on a disclosure, the recruiting manager will be informed and with the support of the recruitment service they must be assured that all relevant facts have been considered prior to making a decision as to whether it would be appropriate for the applicant to be recruited to that position. It may be necessary to meet with the individual to discuss this further as well as refer to other declarations the applicant may have made throughout the recruitment process, i.e. on the application forms and at interview. Once all the facts and circumstances are determined a decision must be made as to whether to recruit or withdraw the job offer.

2.4 Professional Registration & Qualification checks

Please refer to Appendix 3 on Professional Registration.

2.5 Occupational Health

In the event of an unsuccessful Occupational Health check, the recruiting manager will be informed and with the support of the recruitment service and Occupational Health team they must reassure themselves that all facts and options for reasonable adjustment on the grounds of disability have been considered, prior to any offer of employment being withdrawn.

The recruiting manager/recruitment service must confirm in writing the reasons for withdrawing the offer of employment and this will be kept in the applicants recruitment file.

Appendix 2 – Recruitment & Retention Premia

1. Definition

- 1.1 Recruitment and Retention Premia (RRP) is an additional payment to the basic pay of an individual post or specific group of posts.
- 1.3 Recruitment and Retention Premia may be paid in circumstances “where market pressures would otherwise prevent the employer from being able to recruit staff to and retain staff in sufficient numbers for the posts concerned at the normal salary for a job of that weight”.
- 1.4 Recruitment and Retention Premia is a supplementary payment over and above the basic pay that the post holder receives by virtue of their position on their pay band, any high cost area supplements, or any payments for unsocial hours or on-call cover.
- 1.5 Recruitment and Retention Premia will apply to posts rather than to employees. Where an employee moves to a different post that does not attract a recruitment and retention premium, either within the same organisation or elsewhere in the NHS, their entitlement to any previous recruitment and retention premium will cease and pay protection will not apply.
- 1.6 Both long-term and short-term Recruitment and Retention Premia will be expressed as cash sums and will be separately identifiable from basic pay, any high cost area supplement, and any other component of pay.
- 1.7 Any locally awarded recruitment and retention premium for a given post shall not normally exceed 30% of basic salary. It will be the responsibility of the organisation to ensure that any premium awarded locally do not normally result in payments in excess of this amount. In the event that, following review and subject to a 6 month notice period the Recruitment and Retention Premia is withdrawn, pay protection arrangements will not apply.

2. Short Term Premia

- 2.1 Short-term Recruitment and Retention Premia will apply where the labour market conditions giving rise to recruitment and retention problems are expected to be short-term and where the need for the premium is expected to disappear or reduce in the foreseeable future. Short term premia will normally be applied for a period of no longer than two years.
- 2.2 Short-term Recruitment and Retention Premia:
 - may be awarded on a one-off basis or for a fixed-term;
 - will be regularly reviewed (not less than annually);
 - may be withdrawn, or have the value adjusted, subject to a notice period of six months; and
 - will not be pensionable, or count for purposes of overtime, unsocial hours payments or any other payments linked to basic pay.

3. Long Term Premia

- 3.1 Long-term Recruitment and Retention Premia will apply where the relevant labour market conditions are more deep-rooted and the need for the premium is not expected to vary significantly in the foreseeable future.
- 3.2 Long-term Recruitment and Retention Premia:
 - will be awarded on a long-term basis;
 - will be regularly reviewed (not less than annually);

- may be awarded to new staff at a different value to that which applies to existing staff; and
- will be pensionable, and will count for the purposes of overtime, unsocial hours payments and any other payments linked to basic pay.

4. **Procedure**

- 4.1 A recruitment and retention premia may be awarded on either a short-term or long-term basis, determined by principles outlined in the following paragraphs.
- 4.2 To ensure consistency in the application of payment of Recruitment and Retention Premia the organisation should not offer a local Recruitment and Retention Premia without prior consultation with Staff Side.
- 4.3 The application for the award of recruitment and retention premia can only be generated at Operational Executive level. A record of all recruitment and retention premia being paid will be retained, and a review of all premia will take place at least annually.
- 4.4 The organisation may use premium in two main ways; either through recruitment; or through a requirement to retain staff; based on the job within a locality or through a market shortage or a specific skill set, both of these may be applied in a long or short term capacity.
- 4.5 Recruitment and retention premia will be considered in cases where it is proven that adjustments to non pay benefits are unlikely to improve the situation and one or more of the following conditions apply:
- There are documented labour market shortages within a defined geographical area;
 - NHS employers locally have jointly agreed to pay supplements for designated posts and the organisation needs to remain competitive in the recruitment market for equivalent posts;
 - There is a competitive non-NHS labour market where salary survey data indicates that enhancements to Agenda for Change evaluated pay rates would be required to attract and retain staff;
 - Where there is consistent data showing high patterns of turnover, supported by exit interview data, indicating a direct link to dissatisfaction with pay levels.
- 4.7 If it is decided that the vacancy problem can be addressed most effectively only through payment of a recruitment and retention premium, management and staff side should decide in partnership whether the problem is likely to be resolved in the foreseeable future (in which case any premium should be short-term) or whether it is likely to continue indefinitely (in which case any premium should be long-term).
- 4.8 Before consideration is given to payment of Recruitment and Retention Premia to ensure retention of staff, management will ensure non-pay benefits (e.g. training and development) are sufficiently developed. Where possible local turnover rates should be compared with national rates. Regular analysis of exit interview data will be undertaken to assess how far pay is a factor in employees' decisions to leave the Authority.
- 4.9 If it is decided that a retention problem can be addressed most effectively only through payment of a recruitment and retention premium, the organisation will decide whether the problem is likely to be resolved in the foreseeable future (in which case

any premium should be short-term) or whether it is likely to continue indefinitely (in which case any premium should be long-term).

Appendix 3 – Professional Registration

1. Principles

1.1 In order to protect the public and ensure high standards of clinical practice it is a legal requirement that the organisation may only employ registered practitioners in qualified clinical positions. This includes the following posts that have been accepted onto the register of the statutory regulatory bodies outlined in the NHS Employment Check Standards.

- Medical and Dental
- Nurses and Midwives
- Allied Health Professionals
- Healthcare Scientists
- Hearing Aid Dispensers
- Practitioner Psychologists
- Pharmacists and Pharmacy Technicians.

1.2 Employees are responsible for maintaining their registration with their relevant professional body

1.3 Individuals who are not directly employed by the organisation (e.g. NHS Professionals, Agency and Locum workers) but who nevertheless are engaged in work that requires professional registration must also hold current registration. The organisation will ensure that there are processes in place to check the ongoing registration of such workers.

2. Procedure

2.1 This Policy must be read in conjunction with any Checking Professional Registration Procedures.

2.2 Employees Responsibility

2.2.1 It is ultimately the responsibility of all employees who require professional registration to practice to ensure that they have the appropriate registration relevant to their employment/role. They must ensure that registration with their professional body remains current at all times and that they abide by their professional code of conduct.

2.2.2 Employees absent from the workplace, for instance on secondment, career break, suspension, maternity or long term sick will still be required to maintain their professional registration.

2.2.3 It is the duty of the individual to organise and pay the registration fee within the requested time limit and in line with renewal dates. Registered Professionals going on holiday over the lapse period, or on long-term sickness or away from the work place for other reasons e.g. secondment must take action, in advance, to receive the appropriate cover. In exceptional circumstances it may not be possible to renew registration e.g. unforeseen illness within the timescale, for which the manager will use their discretion. Any individual whose registration lapses must comply with their professional body's direction regarding re-entry to the register and work which can be undertaken during the period of lapsed registration.

2.2.2 Employees/contractors must disclose to the organisation any conditions attached to his/her registration at the earliest available opportunity.

2.2.3 During the course of their employment employees must, on request by management or HR Operational Team, provide evidence that their registration has been renewed in accordance with procedures laid down.

- 2.2.4 All personal data, particularly name changes must be communicated to both the line manager and professional body to ensure accuracy of data. It is the duty of the individual to notify the NMC, GMC, GDC, HPC or GPhC of any change in their personal details for example: change of address. Failure to keep such details up to date will possibly leave the individual not receiving the appropriate reminder and thus the individual not being registered.
- 2.2.5 An individual in choosing not to register or allowing such registration to lapse would no longer be eligible to practice in that capacity and, may be suspended from duty without pay as they are in breach of their contract. (With the exception of staff who are on an employment break scheme). If after a maximum period of one month following the expiry of registration the individual has failed to re-register, it will be assumed that the individual has broken their contract and their employment will automatically cease. In some circumstances it may be possible for an individual to undertake duties at a lower band not requiring professional registration for the period during which they are awaiting re-entry to their professional register. This will be at the discretion of their line manager and paid in line with duties undertaken.
- 2.2.6 When staff take an Employment Break, they remain an employee of the organisation. However, if the Employment Break does not necessitate them maintaining their professional registration, they will not be subject to the conditions within this policy in terms of failing to renew their registration. Once an individual returns to the organisation all conditions/responsibilities will apply.
- 2.2.7 Where a Professional holding an honorary contract with the organisation, chooses not to register or allows their registration to lapse, their honorary contract will be withdrawn.
- 2.3 **Line Manager Responsibility**
- 2.3.3 If Managers employ someone from an Agency, this should be from one of the Agencies listed in the Government Procurement Service. Whilst it is part of the contract for the Agency to ensure that their registered HR Recruitment is in a position to practice by having a "live" registration, the organisation will, as a good employer, check the registration via the appropriate website of all agency staff when they commence employment.
- 2.3.4 When staff have seconded into the organisation, their employer remains the organisation with whom they have a substantive contract. However, the organisation will as a good employer check the registration via the appropriate website.
- 2.3.5 If staff are working within the organisation as part of an SLA, their employer remains the organisation with whom they have a substantive contract, and as such this organisation should be ensuring that their HR Recruitments registration is "live". However, the organisation will as a good employer, check the registration via the appropriate website.
- 2.3.6 Managers who identify or are informed of a lapsed registration must take immediate action. Immediate actions will include:
- Contacting the employee
 - Ensuring the person is withdrawn from undertaking the duties of a qualified clinician or professional with immediate effect
 - Discuss the options with the HR Head of HR and employee

- Check re-registration with the relevant regulatory body, receive proof of renewal and evidence this in the personnel file.

2.3.7 When considering action to be taken, managers will take account of the following factors;

- Length of time since registration has lapsed
- Reason(s) put forward for non-renewal
- Whether the individual has knowingly continued to practice without registration and has failed to notify management
- Any previous occasions when the individual has allowed their registration to lapse
- Whether the individual has attempted to conceal the fact that their registration has lapsed. Any concerns in relation to fraud, bribery or corruption should be referred to the CCG's Counter Fraud Specialist (CFS) for further investigation.

2.3.8 The manager in consultation with the HR Head of HR should consider the following options:

- Allow the individual to take annual leave or time owing until their registration is renewed within an agreed time frame
- Allow the individual to take unpaid leave where no annual leave is available
- Suspend the individual from duty without pay, invoke disciplinary process
- Where feasible, consider transferring the individual member of staff to another area within the organisation that offers a non-patient contact role that is of equal value
- Temporary downgrade into a non qualified post specific to service need.

2.4 **HR Recruitment Team Responsibility**

2.4.1 The HR Recruitment Team will check current registrations of all new starters to ensure that it is valid for the purpose of the practitioner's employment.

2.4.2 The HR Recruitment Team HR Operational Team will ensure that the practitioner's registration details are placed on the ESR system. They will maintain the practitioner's registration on the ESR information system.

2.4.3 The HR Recruitment Team will check that all practitioners have renewed their registration. For those that have renewed their registration, their details will be updated on the electronic staff record.

2.4.4 For those that have not renewed their registration or re registered the manager will contact the individual informing them that their registration is due for renewal and if that it is not renewed by the renewal date, then they will not be eligible to practice in that capacity and they may be suspended from duty without pay immediately as they are in breach of their contract.

2.4.5 If after a maximum period of one month following the expiry of registration the individual has failed to notify the manager of their re-registration, there will be a final check after which it will be assumed that the individual has broken their contract and their employment will automatically cease. During this time there will be discussions between the Head of HR and appropriate manager as to whether contact has been made. Every effort will be made to facilitate the member of staff to re-register within the timescale set out in this policy.

Appendix 4 – Disclosure of Criminal Background & Recruiting Ex-Offenders

1. Principles

- 1.1 The organisation actively promotes equality of opportunity for all and welcomes applications from a wide range of candidates including those with criminal records. It undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of conviction or other information received.
- 1.2 Disclosures are only requested after an assessment has indicated that it is proportionate and relevant to the post concerned. For those posts that require a disclosure all adverts, recruitment briefs and application forms will contain a statement indicating what level of disclosure will be required in the event of an individual being offered a position.
- 1.3 The Recruitment service will advise and guide recruiting managers where a Disclosure has been made.
- 1.4 The organisation undertakes to discuss any matters revealed in a disclosure with the person seeking employment, before withdrawing a conditional offer of employment.
- 1.5 The organisation may conduct an interview to enable an open and measured discussion to take place regarding any offences or other matters that might be relevant to the position. Failure to reveal information that is directly relevant to the position sought, could lead to the withdrawal of an offer of employment.
- 1.6 The organisation complies fully with the DBS code of practice. Every individual who is subject to a Disclosure will be made aware of this code of practice and a copy will be provided to all applicants.
- 1.7 Having a criminal record will not necessarily bar a potential employee from working with the organisation. This will depend on the nature of the position and the circumstances and background of the offence(s).
- 1.8 The organisation complies fully with the DBS code of practice regarding the correct handling, use, storage, retention and disposal of disclosures and disclosure information. Disclosure information will be securely destroyed as soon as the relevant information has been noted.
- 1.9 The organisation complies fully with its obligations under the Data Protection Act and other relevant legislation pertaining to the safe handling, use, storage, retention and disposal of disclosure information.
- 1.10 No disclosure information will be kept on personal files and where a disclosure needs to be kept due to a dispute or because additional information has been supplied it will be kept separately and securely in a non-portable, lockable storage unit.
- 1.11 Where disclosure information has been kept, it will be securely destroyed once the dispute is resolved or a decision has been made regarding employment or at the latest after 6 months.
- 1.12 Access to disclosure information is strictly controlled and limited to those who are entitled to see it as part of their duties.
- 1.13 For record purposes only the organisation will keep the following information:
 - The name of the subject

- The level of the disclosure requested
 - The position for which the disclosure was requested
 - The unique reference number of the disclosure
 - Details of the recruitment decision taken.
- 1.14 In accordance with section 124 of the Police Act 1997, Disclosure information is only passed to those who are authorised to receive it in the course of their duties.
- 1.15 The organisation maintains a record of all people to whom disclosure and disclosure information has been revealed and the organisation recognises that it is a criminal offence to pass this information on to anyone who is not entitled to receive it.
- 1.16 Disclosure information is only used for the specific purpose for which it was requested and for which the applicant's full consent has been given.
- 1.17 The organisation will comply with all recommendations from DBS on the proper use and safekeeping of the disclosure information.
2. **Procedure**
- 2.1 Disclosure applications are processed by the HR Recruitment Team using the Disclosure Barring Service (DBS) to assess applicants suitability for positions of trust.
- 2.1 When recruiting for a vacancy the Recruiting Manager needs to assess whether a DBS check is necessary and what level of disclosure is required. This should be done prior to advertising to enable the information to be included in the advert.
- 2.2 Dependant on whether the role is eligible for a DBS disclosure the recruitment service will ensure that the appropriate question is asked on the NHS Jobs application form.
- 2.3 Once the preferred candidate has been selected the HR Recruitment Team will send the applicant disclosure application form and guidance booklet with instructions that the completed form must be returned with any supporting documentation that has not already been provided at interview.
- 2.4 The disclosure application form will be verified and countersigned by one of the recruitment service team who are registered with the DBS and sent for processing.
- 2.5 If the Disclosure application contains information that may affect the appointment a recruitment service representative will discuss this with the recruiting manager (in all instances), and the individual concerned where appropriate.
- 2.6 Where the information contained on the Disclosure Application form significantly impacts on a candidates ability to undertake the post for which they have been appointed, any offer of employment must be withdrawn.
- 2.7 The decision to withdraw an offer of employment must be confirmed both verbally and in writing to the candidate concerned.

Appendix 5 – Managing Personal Relationships

1. **Application**
 - 1.1 Job applicants will be required to declare on their application any personal/work relationship.
 - 1.2 The aim is to protect all staff of the CCG in situations where a personal relationship exists, or develops, so that staff cannot be accused of a conflict of interest, bias or be the subject of allegations from other staff or the organisation.
 - 1.3 In the majority of situations where a line management relationship exists the organisation will not support staff working together where they have a close personal relationship as described.
2. **Personal Relationships**
 - 2.1 A personal relationship includes any relationship where a close family relationship exists, for example, mother, father, daughter, son, sister, brother (and including step and in-laws) partner, ex partner (including spouse or cohabitee), civil partner.
 - 2.2 The scope of the term “personal relationship” applies to prospective staff who have a relationship with a current member of the organisation’s staff, or where a relationship starts during employment with the organisation.
3. **Examples of Potential Conflict of Interest/Bias**
 - 3.1 Situations where a personal relationship may expose staff to conflict of interest or bias include, but are not restricted to, the following:
 - Perceived or alleged breaches of probity
 - Unfair advantage/favoritism
 - Breach of confidence/confidentiality
 - Harassment or bullying
 - Employee relations issues

or

 - Any other issues perceived to be gained from the overlap of a personal and professional relationship.
4. **Personal Relationship between Staff with No Line Management Relationship**
 - 4.1 This policy does not automatically prevent staff or prospective staff who have a personal relationship (described in section 2) from working together whilst employed by the organisation.
 - 4.2 However, the existence of such a relationship must either be declared at the time of appointment/promotion or, if the relationship develops during their employment. Where there is a relationship this must be discussed with either their line manager or if more appropriate with the Head of HR. Such a declaration will be strictly confidential.
 - 4.3 Staff may normally continue to work together in the same team or department where this is appropriate, providing there is no conflict of interest and/or no line management relationship.
5. **Personal Relationship Between Staff With a Line Management Relationship**
 - 5.1 Where a personal relationship exists, a prospective member of staff will not be appointed into a post which results in a line management relationship with someone with whom they have a personal relationship.
 - 5.2 Where a personal relationship develops whilst working for the organisation, members of staff who are in a line management or supervisory relationship at work must not be

involved with recruitment, selection, promotion, appraisal, pay or any other management activity or process involving the other member of staff.

Equality Impact Assessment

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Title of policy or service:	Recruitment and Selection Policy	
Name and role of officer/s completing the assessment:	Head of HR	
Date of assessment:	April 2018	
Type of EIA completed:	Initial EIA 'Screening' <input checked="" type="checkbox"/> or 'Full' EIA process <input type="checkbox"/>	<i>(select one option - see page 4 for guidance)</i>

1. Outline	
<p>Give a brief summary of your policy or service</p> <ul style="list-style-type: none"> • Aims • Objectives • Links to other policies, including partners, national or regional 	<p>The Recruitment and Selection Policy outlines the process that the organisation will undertake when recruiting both for new or existing roles. It should be read in conjunction with the Flexible Working Policy, Secondment Policy, Induction, Mandatory and Statutory Training Policy, Equality and Diversity Policy, Professional Registration Policy and the Relocation and Removal and Expenses Policy.</p>

Identifying impact:

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

2. Gathering of Information

This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty*.

(Please complete each area)	What key impact have you identified?			For impact identified (either positive or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact.	Promotes equality in the workplace and the reputation of the organisation.
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact - all applicants are treated equally regardless of their age.	Promotes equality in the workplace and the reputation of the organisation.
Carers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact.	Promotes equality in the workplace and the reputation of the organisation.
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barnsley CCG holds a 'two ticks' accreditation and operates a guaranteed interview scheme for applicants who declare they have a disability when they meet the minimum essential criteria for a role.	Promotes equality in the workplace and the reputation of the organisation.
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact - all applicants are	Promotes equality in the

				treated equally regardless of their sex.	workplace and the reputation of the organisation.
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact - all applicants are treated equally regardless of their race.	Promotes equality in the workplace and the reputation of the organisation.
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact - all applicants are treated equally regardless of their religion or belief.	Promotes equality in the workplace and the reputation of the organisation.
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact - all applicants are treated equally regardless of their sexual orientation.	Promotes equality in the workplace and the reputation of the organisation.
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact.	Promotes equality in the workplace and the reputation of the organisation.
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact.	Promotes equality in the workplace and the reputation of the organisation.
Marriage and civil partnership (only eliminating discrimination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact.	Promotes equality in the workplace and the reputation of the organisation.
Other relevant groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neutral impact.	Promotes equality in the workplace and the reputation of the organisation.
HR Policies only: Part or Fixed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Negative impact.	Limits FTCs for existing NHS staff to Secondments or

term staff					requires existing NHS staff break their service in order to manage redundancy costs. This is necessary and justified to manage the business risk.
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IMPORTANT NOTE: *If any of the above results in 'negative' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.*

Having detailed the actions you need to take please transfer them to onto the action plan below.

3. Action plan				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	Lead / Reviewing Officer:	Head of HR	Date of next Review:	July 2019

Once completed, this form must be emailed to the equality lead for sign off:

Equality Lead signature:	
Date:	

Title:	Rotherham CCG – Managing Sickness Absence Policy and Procedure
Reference No:	011HR
Owner:	Chief Officer
Author:	HR Manager Head of HR
First Issued On:	19 September 2013
Latest Issue Date:	
Operational Date:	
Review Date:	31March 2019
Consultation Process:	Operational Executive (OE) Staff organisation lead. Counter Fraud
Ratified and Approved by:	CCG Strategic Clinical Executive-AQuA and (SCE) Governing Body
Distribution:	All staff and GP members of the CCG. All other staff working at Oak House for the CCG (CSU staff).
Compliance:	Mandatory for all permanent and temporary employees of Rotherham CCG.
Equality & Diversity Statement:	In applying this policy, the Organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

Managing Sickness Absence Policy

SUMMARY	Managing Sickness Absence Policy
AUTHOR	Head of HR
VERSION	1st review June 2017
EFFECTIVE DATE	28-10-13
APPLIES TO	Employed RCCG Staff
APPROVAL BODY	AQuA , Governing Body
RELATED DOCUMENTS	Discipline, Grievance, Performance, Capability
REVIEW DATE	30-9-19 March 2023 or at an earlier date subject to changes in national or local (where relevant) terms and conditions of service or legislative requirements.

THIS POLICY HAS BEEN SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT

VERSION CONTROL SHEET

Version	Date	Author	Status	Comment
1	11-9-13	PSmith	Draft	For consultation
2	21-10-13	PSmith	Draft	For consultation
3	28-10-13	PSmith	Draft	For consultation
4	June 2017	PSmith	1 st review	For approval
5	13-12-17	Head of HR	Final 2017 review version	Approved by GB September 2017
6	March 2020	Head of HR	Scheduled review	No significant changes

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1. POLICY STATEMENT

- 1.1 The Organisation recognises the importance of balancing the health needs of employees against the needs of the organisation, and is committed to providing excellent working conditions and appropriate support to achieve that balance.
- 1.2 Encouraging employees to attend work, and supporting them back into the workplace is known to maintain employee health and wellbeing, and improve organisational effectiveness.
- 1.3 The overall purpose of the policy is to set out the Organisation's approach to the management of sickness absence within the workplace. This document also sets out guidance to employees and managers about their responsibilities in relation to Sickness Absence Management.
- 1.4 This procedure should be read in conjunction with the Sickness Absence section contained within Agenda for Change terms and conditions.
- 1.5 This procedure will apply to all employees.

2. PRINCIPLES

2.1 Definitions

Persistent Short Term Absence	Short term sickness is identified as a series of absences, often unconnected, which results in persistent short term absences from the workplace.
Long Term Absence	Absences that are at least 28 calendar days

- 2.2 This procedure enables managers to address sickness absence issues, both short and long-term, in a fair, consistent and equitable manner. It is recognised however that all cases must be dealt with on an individual basis because of differing circumstances therefore this procedure gives an outline of the principles to be observed.
- 2.3 It should be noted that all other types of absence should be dealt with in accordance with the appropriate policy, e.g. maternity, adoption, employment break, etc. Line managers should consider, and take due account of, individual circumstances and all relevant factors before action is taken e.g. maternity related absence, stress, disability related absence, work related factors.
- 2.4 Confidentiality will be maintained in all aspects of absence management and records will be kept in line with the **General Data Protection Act Regulations**.
- 2.5 Guidance and support will be provided to line managers who implement and apply policies and procedures relating to absence. All new employees will be made aware of this policy during their induction.
- 2.6 The Organisation recognises that, on occasion, anyone may become unwell or subject to emergencies that entail absence from work. However, regular attendance at work is a contractual requirement.

- 2.7 The appropriateness of referral to the Organisation's Occupational Health Provider will be discussed between the individual, their line manager and a HR representative. A referral will be made in **all-most** cases of long term sickness absence, and where short term absences gives rise for concern a referral should also be considered.
- 2.8 It is acknowledged that on occasion people may be away from work on a long-term basis as a result of chronic or acute ill health. Although each case will be dealt with on an individual basis this policy outlines certain principles that will always be observed.
- 2.9 In dealing with any sickness absence cases, managers must be mindful of obligations that they and the Organisation may have under the Equality Act 2010. In identifying whether or not an employee is covered by the Act advice will be sought from appropriate medical professionals.
- 2.10 Advice should be taken from the Head of HR at all formal stages of this procedure to ensure the consistent application of this procedure throughout the Organisation.
- 2.11 Employees may be accompanied by a Trade Union representative or work colleague in all discussions with management about their absence.

3. RESPONSIBILITIES

3.1 Manager responsibilities

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

- Ensure that they are familiar with this policy and their obligations in relation to the management of the policy
- Communicate appropriately with absent employees
- Dealing with any actions in a timely manner, balancing the needs of the individual with those of the organisation
- Maintain and retain accurate records of all absences in line with the **general data protection actRegulations**
- Conduct effective return to work meetings after each individual episode of sickness
- Maintain appropriate levels of confidentiality at all times
- Make Occupational Health referrals as appropriate
- Attend any training provided on policy updates, and/or legislation
- Identify a 'nominated deputy' for staff to report sickness absence to during periods of annual leave/out of the office/non-working time and communicate this to staff.

3.2 Employee Responsibilities

Employees are expected to:

- Ensure regular attendance at work;
- Report absences promptly to their line manager, or 'nominated deputy' – usually on the morning of the first day of absence
- Communicate appropriately with their manager when absent from work;
- Co-operate fully in the use of these procedures
- Attend an appointment with a medical practitioner nominated by the organisation, where appropriate
- Compliance with the sick pay scheme
- Attend review meetings, and return to work meetings with appropriate manager when discussing periods of absence or planning return to work, reasonable adjustments or alternative employment.

3.3 Operational Executive (OE)

OE will oversee the content and the implementation of the Policy. Any discretionary element of the Policy will be subject to the agreement of an OE member with reference to decisions made in previous cases.

3.4 Trade Unions

Trade unions will support the development of this Policy and arrangements for sickness absence management and support and represent employees who are members, absent due to sickness and/or subject to the arrangements in this Policy.

3.5 *Accountability*

*The Chief Officer is accountable for this policy.
The Strategic Clinical Executive is responsible for formal approval of this policy.*

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4. GENERAL POINTS

- 4.1 If an employee knowingly gives any false information, or makes false statements about their sickness, it may be treated as misconduct and may result in disciplinary action being taken. In proven cases of gross misconduct it could lead to dismissal (an example of this may include: absent on sick leave and working elsewhere). **Where fraud is suspected, a referral will be made to the CCG's Counter Fraud Specialist for further investigation.**

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Secondary Employment

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If the employee undertakes **secondary** work with an agency/other employer, any period of sickness should affect all work including voluntary work or self employment. The only exception to this would be where a medical practitioner determines that specific work would be therapeutic for the individual. In these circumstances confirmation from the medical practitioner would be required. This would not prevent the manager from requesting a second opinion from Occupational Health if appropriate.

On no account must employees undertake work (whether paid or unpaid) for another employer or in their own business or enterprise during periods when they are either self or medically certified as sick unless the above evidence is provided that it is of therapeutic benefit. Failure to provide this evidence may result in this being regarded as a fraudulent act and can have very serious consequences, including dismissal from the employment of the CCG and the application of criminal sanctions. **All suspicions of fraud will be referred to the CCG's Counter Fraud Specialist for further investigation.**
~~through NHS Protect.~~

If it is found that during a period of absence an employee is acting in a manner inconsistent with the reason for the absence or not aiding their return to work, occupational sick pay will be withheld and where appropriate action taken in accordance with the CCGs Disciplinary Policy and Procedure and, where appropriate, the Counter Fraud, Bribery and Corruption Policy.

- 4.2 Any employee who unreasonably fails to comply with the Organisation's Sickness Absence policy and procedure may have their occupational sick pay withheld. Any

decision to withhold sick pay must be made in conjunction with advice from the Head of HR. Advice may also be sought from the Organisations Occupational Health Provider.

- 4.3 The Organisation has the right to dismiss employees whilst they are receiving sick pay entitlement. Any decision to dismiss on capability grounds will be subject to medical advice.
- 4.4 The Organisation reserves the right to make an occupational health referral for each period of absence of less than seven calendar days in cases of short-term persistent absence. However this should normally follow a prior Occupational Health referral which confirms there is no **underlying** medical reason for continued short-term persistent absence. Furthermore, this option should only be used for a finite period and should be reviewed on a regular basis.

5. SCHEME OF DELEGATION

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

Informal procedure	Line Manager or equivalent level manager from elsewhere within the organisation
Formal procedure: First Stage Formal Meeting	Line manager or equivalent level manager from elsewhere within the organisation.
Second Stage Formal Meeting	Line manager or equivalent level manager from elsewhere within the organisation.
Third Stage Formal Meeting	Line manager or equivalent level manager from elsewhere within the organisation. Nb: It is reasonable that the same manager conduct first, second and third stage of this process
Appeal following formal procedures above	Line Managers manager or equivalent who has not previously been involved or implicated
Formal Procedure: Final Formal Meeting	Chaired by an appropriate member of the Operational Executive or equivalent plus one other manager and a HR representative.
Appeal against dismissal	Chaired by the Chief Officer or Chief Finance Officer plus one other member of the Operational Executive and a HR representative

6. EQUALITY

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

7. MONITORING & REVIEW

- 7.1 The policy and procedure will be reviewed ~~periodically~~ **every 3 years** by the Operational Executive in consultation with Trade Unions **and Counter Fraud**. Where review is necessary due to legislative change, this will happen immediately.

The implementation of this policy will be reviewed regularly by the Operational Executive.

PART 2

PROCEDURE

1. REPORTING ABSENCE

1.1 All employees must contact their line manager on the first day of absence as soon as is reasonably practicable or within one hour of their normal starting time. The employee must make this call. The only exception is where it is clearly not possible for employees to ring personally, such as admission to Hospital. ~~or on holiday abroad.~~

1.2 Employees must talk directly to their line manager. Alternative methods of communications such as text messages, e-mail or leaving messages with anybody else are not considered appropriate, unless there are exceptional circumstances. If the line manager is unavailable, then the employee should contact an alternative nominated manager.

1.3 If the employee is absent and does not make contact their line manager will contact them using emergency contact details where necessary.

1.3 If an employee does not have a telephone at home **and/or mobile** alternative arrangements for reporting sickness must be made.

1.4 When reporting absence employees must give the following information:

- the reason for the absence (if known);
- the expected length of absence (if known);
- whether a visit will be made to their GP, and if so, the date of the appointment.

Where possible the manager should be advised of any outstanding work that may require urgent attention during the period of absence. This will enable managers to better plan and allocate work.

1.5 In cases of continued absence, employees and line managers should agree appropriate levels, and methods of communication. As a minimum the employee must contact their line manager again on the fourth day of absence to provide them with up to date information. Should the absence continue then the employee and the manager must decide upon the frequency of further/continued contact and the form that this will take. It is not sufficient to provide medical certificates as a means of maintaining contact.

1.6 It should be noted that failure to maintain contact as per the agreement with the line manager, may result in the payment of occupational sick pay being delayed or withheld. Any decision to take disciplinary action or to withhold or delay payment of occupational sick pay must be made in conjunction with the Head of HR

Evidence of Incapacity for work

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

1.8 If an absence exceeds seven calendar days a doctor's medical certificate must be submitted to the line manager, no later than the tenth day of absence, covering the absence from the eighth day. The medical certificate is normally retained by the line manager and the absence recorded on the appropriate staff absence record form.

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- 1.9 If an absence continues beyond the period covered by the initial medical certificate, further medical certificates must be submitted to give continuous cover for the period of absence. On eventual return to work employees must complete the Organisation's Sickness Self-Certificate in respect of the first seven days or less not covered by a doctor's medical certificate.
- 1.10 Failure to submit consecutive medical certificates in a timely manner may be considered in breach of the Sickness Absence Management policy and may invoke the Disciplinary Procedure.
- 1.11 If the doctor's medical certificate does not specify the period of absence covered, it will be taken as covering a period of seven calendar days only.
- 1.12 For reporting purposes, reports will show long-term absence as at least 28 calendar days.

Statement of Fitness to Work (FIT Note)

- 1.13 The statement of fitness to work, known as the 'fit note' was introduced in April 2010. It allows a doctor/GP to advise whether an employee is either:

- Not fit to work
- May be fit to work

If the doctor/GP suggests that they 'May be fit to work' there are now a number of options open which may help to get the employee back to work:

- Phased return to work
- Amended duties
- Altered hours
- Workplace adaptations

Any such recommendations should be discussed and agreed with the individual and line manager and a decision made about whether or not amendments can be made and a return to work achieved at that point.

Employee Occupational Sick Pay Entitlements

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

• During 1st year of service	One months' full pay and two months' half pay
• During 2nd year of service	Two months' full pay and two months' half pay
• During 3rd year of service	Four months' full pay and four months' half pay
• During 4th and 5th years of service	Five months' full pay and five months' half pay
• After 5th year of service	Six months' full pay and six months' half pay
- 1.15 The period during which sick pay is paid and the rate of sick pay for any period of absence is calculated by deducting from the employee's entitlement, on the first day of absence, the aggregate periods of paid sickness during the 12 months immediately preceding that day.

- 1.16 **In accordance with paragraph 14.4 of the NHS Terms and Conditions of Service, pay during sickness absence is calculated on the basis of what the individual would have received had they been at work. It will include regularly paid supplements, including any recruitment and retention premia, payments for work outside normal hours and high cost area supplements. It will be based on the previous three months at work or any other reference period that may be locally agreed. Sick pay is based on basic pay only.**
- 1.17 Full pay is inclusive of any statutory benefits. Half pay plus statutory sick pay will not exceed full pay.
- 1.18 For the purpose of calculating entitlement to sick pay, a previous period or periods of NHS service will be counted towards the employee's entitlement to sick leave with pay where there has been a break, or breaks, in service of 12 months or less.
- 1.19 In the event of employment coming to an end, entitlement to sick pay ceases from the last day of employment.
- 1.20 Absence for planned elective medical treatment, which is for cosmetic reasons alone, must be taken as annual leave and not sick leave. Where planned medical treatment has both a cosmetic and health improvement purpose, absence should be reported as sick leave.

Occupational Sick Pay Conditions

- 1.21 The conditions for sick pay are financial provisions indicating an entitlement to occupational sick pay and in no way indicate the amount of absence to which an employee is entitled.
- 1.22 If sick pay entitlement is exhausted before a Final Review Meeting takes place, and where the failure to undertake the Final Review is due to delay by the manager, sick pay will be reinstated at half pay as follows:
- Employees with more than 5 years reckonable service – sick pay will be reinstated if the entitlement is exhausted before the Final Review meeting takes place.
 - Employees with less than 5 years reckonable service – sick pay will be reinstated if the entitlement is exhausted and the Final Review meeting does not take place within 12 months of the start of their sickness absence.

Reinstatement of sick pay in these circumstances will continue until the Final Review meeting takes place. It is not retrospective for any period of zero pay in the preceding 12 months of service.

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

When an extension to sick pay is being considered for any reason this must first be discussed with **a**the Head of HR.

- 1.24 Sick pay is not normally payable for an absence caused by an accident due to active participation in sport as a profession, or where contributable negligence is proved.

- 1.25 An employee who is absent as a result of an accident is not entitled to sick pay if damages are received from a third party. Under these circumstances the employee will be advanced a sum not exceeding the amount of sick pay payable under this scheme providing the employee repays the full amount of sickness allowance when damages are received. Once received, the absence will not be taken into account for the purposes of the scale set out in 1.13 above.

2.SICKNESS DURING ANNUAL LEAVE

- 2.1 If an employee falls sick during a period of annual leave either in this country or overseas, and the period of incapacity seriously interrupts the period of leave, then they may count the statutory leave as sick leave provided they;
- Notify their line manager either in writing or by telephone at the earliest opportunity, in line with organisation/departmental procedures and no later than the fourth continuous day of illness unless there are exceptional circumstance; and
 - Provide a statement by a qualified medical practitioner; the statement should cover the period of the illness and the nature of the illness.

For information, a serious interruption of annual leave would be deemed as four or more days of continuous illness.

- 2.2 If an employee is absent on sick leave and has pre-booked annual leave then they must notify their manager as soon as possible of the nature of the leave, otherwise it will be assumed that the annual leave is being taken. If the employee intended to spend time at their normal place of residency then the leave may be credited back upon receipt of appropriate medical statements/Doctors notes.
- 2.3 If the employee intends to spend more than one night away from their normal place of residency whether it be overseas or in the UK, then the CCG reserves the right to take occupational health advice beforehand as to whether or not the holiday would be beneficial to their condition or recovery, and in no way would aggravate or cause detriment to the illness/injury. If the annual leave is supported by Occupational health then the Organisation will consider the period as annual leave, in which case sick pay, occupational and/or statutory as appropriate, will cease for that period other than in exceptional circumstances. If an employee is physically unable to return to work after a holiday they must submit a medical certificate which covers them from the day on which they were expected to return to work. Should the employee take the leave as sickness, then entitlements to sick pay both occupational and statutory will be in line with the normal eligibility rules.
- 2.4 Where the request to continue with a pre-booked holiday is not supported by a medical practitioner, then annual leave should be taken.
- 2.5 Employees will not be entitled to an additional day off if they are sick on a statutory holiday. Part time staff who **are** sick on a statutory holiday on a day they would normally have worked will have their inclusive leave entitlement reduced by the number of hours normally worked.
- 2.6 Where an employee requests annual leave at short notice or on the actual day of the absence stating that the reason for the absence is because they are feeling unwell then the organisation will consider on a case by case basis whether to sanction annual leave or whether the absence will be regarded as sick leave. Annual leave will normally only be granted at short notice in emergency or urgent situations.

3. SHORT TERM ABSENCE

- 3.1 The Organisation operates an accurate method of recording and monitoring levels of absence. If the amount of time being taken off for illness is giving cause for concern, managers will discuss this with employees at the return to work meeting and provide them with a record of all absences from work. The individual will have the opportunity to explain any personal or work-related issues which may be a factor in the absence.
- 3.2 To ensure the consistency with the application of the Sickness Absence Management Policy, trigger points are used to monitor short term sickness and long term sickness. The triggers for short term absence are:
- Four occasions of absence in any rolling 12 month period, or
 - 12 days absence in any rolling 12 month period
- 3.3 Where an employee reaches a trigger, a formal meeting will be held with the individual- please refer to section 5: Scheme of delegation. The purpose of the meeting is to provide support and assistance to overcome any short – term issues, patterns or problems which are identified in order to support and encourage improved attendance. At this stage an action plan of improvement will be set.
- 3.4 Where an individual fails to maintain regular attendance deemed acceptable for the organisation, they will progress through the stages identified in the scheme of delegation. This process may, eventually result in dismissal if the absence continues.
- 3.5 At any stage during this process, it may be appropriate to seek advice from the Organisation's Occupational Health provider.
- 3.6 Employees are entitled to have a staff side representative or work place colleague not acting in a professional capacity to accompany them to any of the formal stages of this procedure if they so wish.
- 3.7 If at any stage the employee achieves a better attendance record than is required by a warning, no action will be taken. The manager will continue to monitor the level of attendance or pattern of absence.
- 3.8 Prior to formal action being taken advice must be sought from the Head of HR.

4. LONG TERM ABSENCE

- 4.1 Long-term absence is classed as at least 28 calendar days.
- 4.2 In all cases of Long term absence, Occupational Health advice must be sought.
- 4.3 In cases of long-term absence line managers must arrange to conduct regular review meetings to discuss possible courses of action should the absence continue. These may include rehabilitation and return to work requirements, redeployment, ill-health retirement as appropriate. The meetings should be recorded and notes and/or a letter sent to the employee concerned. Employees can be supported by a Trade Union Representative or a workplace colleague. The line manager may also be accompanied. The frequency of such meetings will depend upon the circumstances of the individual case.
- 4.4 These meetings should be held at mutually convenient locations, with due regard made to the employee's circumstances. If an employee is too ill to travel, the line manager may arrange to conduct a home visit at a mutually convenient time, if the employee agrees. However it should be noted that, as part of the return to work process, it may be more relevant to hold the meetings at a business location, or a suitable alternative venue.

- 4.5 The first formal stage of this process should take place, at the 3 months stage, or when full sick pay is due to expire if this is earlier. This meeting should be held in line with section 5 – scheme of delegation.
- 4.6 The purpose of this meeting is to allow all parties to consider a range of options that may be available. These options could include, but aren't limited to:
- Possibility, and likelihood of return to work, and when
 - Possibility of alternative employment where this would alleviate the cause of the absence.
 - In the case of a disability as defined by the Equality Act 2010, identifying and implementing 'reasonable adjustments'
 - Ill Health retirement
 - Termination of contract on the grounds of medical capability – the organisation would only ever consider this after exhausting all other options.
- 4.7 Where an individual continues to remain absent from the workplace through ill health, they will progress through the stages indicated in section 5- scheme of delegation.
- 4.8 Employees who fail to attend review meetings, and formal meetings may still be subject to the various sanctions contained within this policy.

5. ONGOING MEDICAL CONDITIONS

In some situations an employee may have ongoing health related problems which may impact upon their ability to perform the duties of their role. The employee may still be in work, or have long term or short term absence. This will be addressed by any or all of the following three steps.

1. **Medical advice**, support and guidance to help determine the best course of action for the individual
2. **Reasonable Adjustments / redeployment** – consider what adjustments can be made to role including hours or lighter duties. Identify if there is any suitable alternative role the individual could undertake either on a permanent basis or interim basis.
3. **Final Review Panel**- if the individual's substantive post is not suitable due to their ill health and the above stages have been unsuccessful in supporting the employee to resume full duties, and final review hearing is the next stage (See appendix 1)

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

- Rehabilitation
- Phased return
- A return to work with or without adjustments (in the case of a disability as defined by the Equality Act 2010)
- Redeployment with or without adjustments (in the case of a disability as defined by the Equality Act 2010)

6. RETURN TO WORK MEETING

- 6.1 Following each period of sickness absence, employees will attend a return to work meeting with their line manager to discuss their absence. If the employee has been absent with a highly sensitive condition he/she may ask for a manager of the same gender to manage the absence.
- 6.2 The discussion should allow for an exchange of information and be as frank and as open as possible as this will prevent any misunderstandings concerning the nature of

the absence. Managers should also take this opportunity to discuss any patterns or trends of absence that may emerge.

6.3 A fundamental purpose of this meeting is to allow the line manager the opportunity to discuss any assistance, help, counselling or action on work-related issues that may be provided to enable an employee to return to work or prevent further absence occurring.

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

7. OCCUPATIONAL HEALTH SERVICES

7.1 In cases of long-term absence or persistent short term absence which indicates an underlying cause, managers are expected to make a referral to the Occupational Health Service (and the following principles should be applied):

- The Occupational Health Service can be consulted for advice when the likelihood of a return to work or cause of absence is not known.
- A member of staff may be referred to the Occupational Health Service at an early stage in the absence if it is considered that a referral may benefit the employee or the Organisation.
- The Occupational Health Service is available to give both general and specific advice on the fitness of an employee for work, adjustments to the workplace where appropriate and likely return dates.
- An employee may request an occupational health referral, via their manager, for advice and support on the best way of seeking a return to work.

7.2 Where there is doubt regarding an employee's ability to return to work on a permanent basis advice must be sought from the Occupational Health Service. Employees may be eligible to ill-health retirement benefits if they have two years continuous membership of the NHS Pension Scheme. Ill-health retirement may be discussed with the individual during the review meetings.

7.3 Employees must make themselves available to attend Occupational Health referrals (this may include home visits by an Occupational Health representative or the attendance at an Occupational Health Office). However, due regard should be made to the accessibility of the location in relation to the nature of absence. Following the referral, Occupational Health provider will then provide a written report to management, a copy of which will also be sent to the individual. In all cases the manager will meet with the individual to discuss the content of the report.

7.4 In some cases it may be more appropriate for Occupational Health to contact a third party for a medical opinion e.g. GP, Consultant etc. and consent must be obtained from the employee concerned. In these cases, any information provided by a third party is always disclosed to Occupational Health and not to the manager. Occupational Health will then provide the manager with a written summary of information provided which is pertinent to the employee's ongoing employment. Employee consent is not required for the release of this report.

7.5 Occupational Health may recommend appropriate treatment, such as physiotherapy, **counselling** or cognitive behavioural therapy, in supporting staff to remain in work, or return to work, at the earliest opportunity.

8. DISABILITY RELATED ABSENCE AND REASONABLE ADJUSTMENTS

8.1 If an employee is disabled or becomes disabled during their employment, then the organisation **is may be** legally required under the Equality Act 2010 to make reasonable adjustments to enable the employee to continue working..

- 8.2 Advice must be sought from Occupational Health as to whether or not the employee is likely to meet the legal definition of disability and what they suggest are 'reasonable adjustments'. However it will be the line manager's decision as to whether those adjustments are also reasonable for the service. Any adjustments made must be discussed with the individual concerned.
- 8.3 The amendment to the Disability Discrimination Act (now Equality Act 2010) also introduced the concept of positive discrimination where a disabled member of staff can be treated differently in order to ensure they remain in work. E.g. An internal disabled applicant, who has been displaced from their current role, may be considered favourably against an able bodied candidate.
- 8.4 If the absences are linked to a disability Occupational Health advice should be sought at the earliest opportunity.

9. SUBSTANCE MISUSE

- 9.1 Where an employees absence is as a result of a suspected or admitted substance misuse problem, please refer to the Organisations Substance Misuse Policy.

10. RETURNING TO WORK

- 10.1 Wherever possible the Organisation will aid a return to work on a permanent basis. To establish the most effective way of doing this the Organisation may seek further medical advice.
- 10.2 This may include making reasonable adjustments to the employee's job, allowing a phased return to work, or by allowing the employee to return to work on a reduced or alternative hours basis.

Phased Return

- 10.3 Where a phased return to work is recommended by the Occupational Health provider, or a medical practitioner, the employee will be able to return to work on a part-time basis whilst receiving their full pay. This will be for a maximum period of four weeks, thereafter the employee must either substitute their annual leave for days not worked or receive payment only for the hours worked.
- 10.4 Where an employee requests a phased return to work themselves, they must take annual leave for days not worked or receive payment only for the hours worked.

Redeployment

- 10.5 If medical opinion is that an employee is unfit to return to their role, the possibility of alternative employment must be considered.
- 10.6 Where an employee's pay reduces because of ill-health or injury, and they have the required membership of the NHS Pension Scheme, or the New NHS Pension Scheme, their membership at the higher rate of pay may be protected.

Temporary Injury Allowance

- 10.7 Employees on sick leave, and receiving either reduced pay or no pay, as a result of an injury or illness that is wholly or mainly attributable to their NHS employment will be eligible to apply for Temporary Injury Allowance. Applications should be made by the employee to their line manager who will make the decision on whether payment should be made, in conjunction with a HR representative.

- 10.8 Employees do not need to be members of the NHS Pension Scheme to apply for Temporary Injury Allowance.
- 10.9 Temporary Injury Allowance will stop when the individual returns to work or leaves their employment.

Ill Health Retirement

- 10.10 Throughout the absence management process all options, such as rehabilitation, redeployment, part time working, job redesign etc must be considered in conjunction with the employee.

Where the medical opinion indicates that an employee is permanently unfit for any employment or for the duties of their current role, the individual may have the option of applying for early retirement on the grounds of ill health, in line with the provisions of the NHS Pension Scheme. This option is only available to employees who have at least two years continuous, pensionable NHS employment.

If an application for ill-health retirement is made, this constitutes a mutual decision that the employee is unable to fulfil their contractual obligations due to their ill-health condition and therefore a termination date will be agreed between the individual and their line manager.

This option should be discussed with the individual in full at the appropriate time and as much information as possible will be provided to enable the employee to make an informed decision. For more information regarding this procedure please contact the Head of HR.

Dismissal On The Grounds Of Capability

- 10.11 Before dismissal is considered, all other options as outlined above must have been discussed with the employee during the regular meetings that have taken place throughout the absence. Managers must be satisfied that all relevant information has been obtained and all relevant facts investigated. Documentation supporting this must be provided to the employee. In cases of long-term sickness, managers must also be mindful of the cessation of occupational sick pay entitlements in conjunction with the long-term prognosis.

In cases of short-term absence, managers must also consider the potential loss of specialist knowledge/an experienced member of staff, the cost of replacing the employee, whether or any flexible working arrangements could be accommodated in order to retain the skill and knowledge in the organisation.

- 10.12 Should the dismissal of an employee be identified at any stage in the process as the only appropriate option (i.e. all other options as outlined above have been investigated and found to be inappropriate) a Final Review Hearing will be convened. This will be chaired in line with the scheme of delegation and will be attended by the employee in question, their representative if desired, the line manager and a Human Resources representative.
- 10.13 Prior to this meeting the employee will receive a copy of the report, detailing the case history to date and considerations taken into account (e.g. Equality Act, implications, suitable alternative employment, ill health retirement) together with all other relevant documents, made to the person authorised to dismiss.
- 10.14 At this meeting the employee will have the opportunity to present their case and submit supporting evidence. They have the right to be accompanied by a Trade Union Representative or work colleague. The employee has the right to appeal this decision.

- 10.15 Following the meeting the employee will be given a letter confirming the reason for dismissal, the date of dismissal, their right to appeal, details of any payment in lieu of contractual notice and any other outstanding payments to which they are entitled e.g. annual leave.
- 10.16 After investigation, consultation and consideration of other alternative posts, and where there is no reasonable prospect of the employee returning to work, the CCG may terminate employment before the employee has reached the end of the contractual paid sick absence period, plus payment in lieu of contractual notice and any outstanding annual leave.

11. MATERNITY RELATED ABSENCE

Should an employee be absent from work due to pregnancy related sickness, these absences should be recorded separately and not counted towards absence triggers. However this should continue to be monitored.

12. APPEAL

- 12.1 Employees do not have the right of appeal against informal action e.g. implementation of an action plan.
- 12.2 Employees do have the right of appeal against any formal action taken up to and including dismissal, in addition to redeployment.
- 12.3 Employees may appeal against any formal decision made under this procedure by writing to the appropriate Manager- in line with the scheme of delegation, giving clear reasons for the grounds of appeal. This must be done within 10 working days of any action being taken.
- 12.4 The manager to whom the appeal is addressed will identify an appeal panel in line with the scheme of delegation and a hearing will take place.

Managing Sickness Absence Policy

Appendix 1

Stages of the process relating to managing sickness absence

	Period of absence	Improvement target	Action	Decision
First Stage Formal meeting	If the employee has had 4 occasions, or 12 days absence in any rolling 12 month period they will be required to attend a formal meeting.	During the next 12 months, if the employee has a further 3 occasions or 10 days absence in total, they will progress to the next stage	Formal meeting: Review absence record and reasons for absence. Agree standard of attendance and support if necessary. Possible OH referral if needed	Decision in writing, copy kept on personal file. Will remain on file for 12 months. Right of appeal
Second Stage Formal Meeting	From the date of the first stage meeting, if the employee has had 3 occasions or 10 days absence in total, they will be required to attend a second stage formal meeting	During the next 12 months, if the employee has a further 3 occasions or 10 days in total, they will progress to the next stage	Formal meeting: Review absence record, reasons for absence and medical advice. Agree standard of attendance and support if necessary. Refer to Occupational Health	Decision in writing, copy kept on personnel file. Will remain on file for 12 months. Right of appeal
Third Stage Formal Meeting	From the date of the second stage meeting, if the employee has had 3 occasions or 10 days absence in total, they will be required to attend a third stage formal meeting	During the next 2 years, if the employee has a further 3 occasions or 10 days absence in total in any 12 month period they will progress to the next stage	Formal meeting: Review absence record, reasons for absence and medical advice. Agree standard of attendance and support if necessary. Refer to Occupational Health	Decision in writing, copy kept on personnel file. Will remain on file for 2 years. Right of appeal
Final Review Panel	During the next 2 years, if the employee has a further 3 occasions or 10 days absence in total, in any 12 month period, they will progress to stage 4 – Final Review Panel	Not applicable	Final review hearing: Review absence record, actions taken to support improvement and any supporting medical advice. Alternatives to dismissal will be discussed including redeployment or review or reissuing of improvement targets at stage 3	Decision in writing, copy kept on personnel file. Possible outcome- Dismissal Right of appeal

*Please note – Triggers should be pro rata for part time employees and calculated on contractual days

~~Title of the change proposal or policy:~~

~~Managing Sickness Absence Policy and Procedure~~

~~Brief description of the proposal:~~

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

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

~~NAME – Peter Smith, HR Manager
NAME – Sarah Whittle, Assistant Chief Officer~~

~~Date of assessment:~~

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

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

~~Yes, it will affect all employees~~

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

~~No~~

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

~~No~~

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

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

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

Equality Impact Assessment

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Title of policy or service:	Managing Sickness Absence Policy	
Name and role of officer/s completing the assessment:	Head of HR	
Date of assessment:	April 2020	
Type of EIA completed:	Initial EIA 'Screening' <input checked="" type="checkbox"/> or 'Full' EIA process <input type="checkbox"/>	<i>(select one option - see page 4 for guidance)</i>

1. Outline

<p>Give a brief summary of your policy or service</p> <ul style="list-style-type: none"> • Aims • Objectives • Links to other policies, including partners, national or regional 	<p>The overall purpose of the policy is to set out the organisation's approach to the management of sickness absence within the workplace. This document also sets out guidance to employees and managers about their responsibilities in relation to Sickness Absence Management. The aim of the policy is to comply with statutory requirements and NHS Standards and best practice.</p>
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Identifying impact:

- **Positive Impact:** will actively promote the standards and values of the CCG.
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact: causes or fails to mitigate unacceptable behaviour. If such an impact is identified, the EIA should ensure, that as far as possible, it is eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

2. Gathering of Information

This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty.*

(Please complete each area)	What key impact have you identified?			For impact identified (either positive or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Carers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Marriage and civil partnership (only eliminating discrimination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other relevant groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
HR Policies only:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Procedure legally compliant and in line with NHS practice	

IMPORTANT NOTE: *If any of the above results in 'negative' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.*

Having detailed the actions you need to take please transfer them to the action plan below.

3. Action plan				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible
No actions have been highlighted	No actions have been highlighted	N/A	N/A	N/A

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	Lead / Reviewing Officers:	Head of HR	Date of next Review:	April 2023

Once completed, this form must be emailed to the Equality Lead for sign off:

