

HR13

Supporting and Managing Staff Attendance at Work Policy

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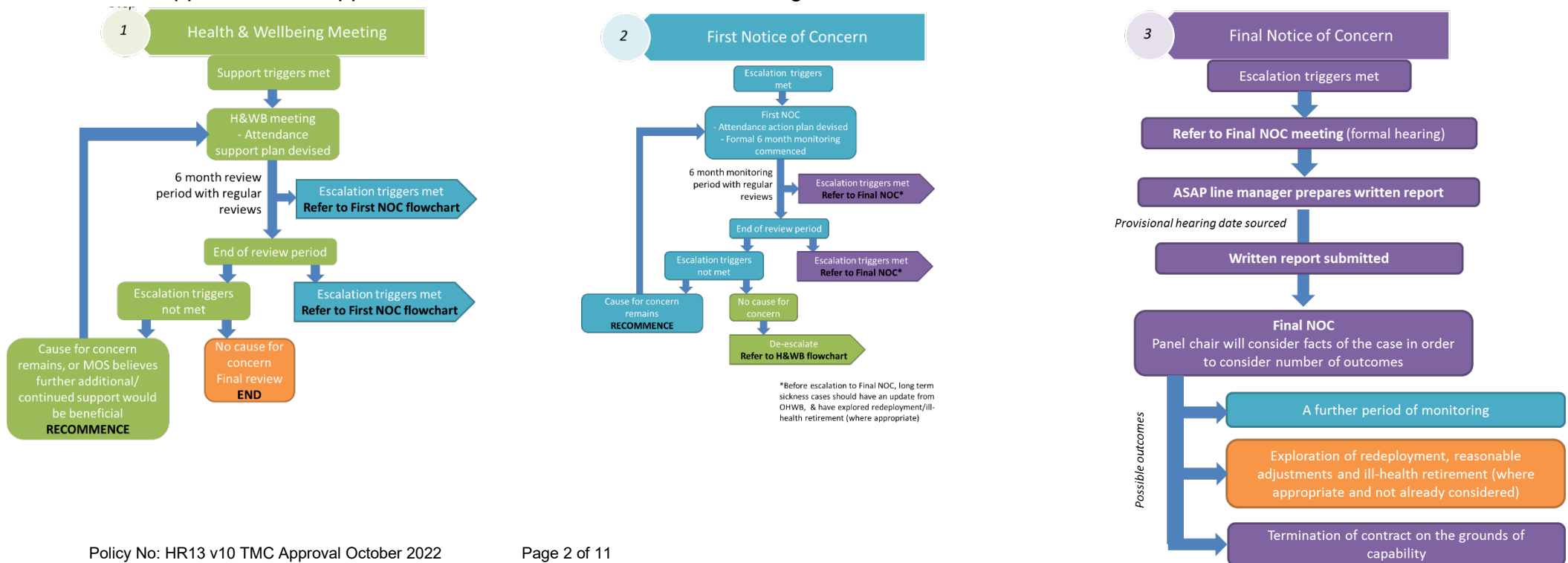
Attachments

- Attachment 1** [What To Do When Sickness Absence Occurs](#)
- Attachment 2** [Management of Staff Attendance at Work Procedure](#)
- Attachment 3** [Additional Supporting Information](#) (including information on redeployment, disengagement, suspension pending medical assessment, and annual leave during sickness/ sickness during annual leave)

In addition the [HR Advisory toolkit](#) provides a range of additional resources including guidance, tools and templates.

Policy on a Page

- 1.1 This policy intends to provide guidance and a framework to staff members and Trust managers in respect of:
- How to deal with all episodes of sickness absence (attachment 1),
 - Managing attendance where specific triggers are met (attachment 2),
 - Redeployment due to ill-health, disengagement, suspension pending medical assessment (attachment 3), and
 - Annual leave during sickness and sickness during annual leave (attachment 3).
- 1.2 The HR Advisory Toolkit also contains a range of guidance documents and templates, including the Managing Attendance guidance document and 'quick guides' to [What to Do When Sickness Occurs](#) and [Managing Attendance](#)
- 1.3 With regards to managing attendance where specific triggers are met, the Trust adopts a three-step process, which focuses on an approach that supports and fosters staff health and wellbeing:



Supporting and Managing Staff Attendance at Work Policy

1.0 Policy Statement

1.1 The Trust recognises the considerable commitment that our staff demonstrate on a day-to-day basis, and we wish to support staff to deliver our service, based on the best quality care standards for patients. This policy and its supporting documents are therefore intended to provide a balanced approach to managing attendance, for both individuals and the Trust.

2.0 Definitions

2.1 The table below outlines definitions for terms referred to within the policy and its attachments.

Calendar days	Any day of the week, including weekends.
Companion	Representative of a recognised trade union, or a colleague who is a member of Trust staff.
D&V	Diarrhoea and vomiting.
Episode of sickness	All calendar days falling between the first day of sickness absence and the confirmed date of fitness to work. This is required to be covered by a self-certificate or a 'fit note'.
Disability	A physical or mental impairment that has a substantial and long term adverse effect on an individual's ability to carry out normal day to day duties (Equality Act 2010).
Long term condition	Conditions that cannot be cured.
Long term sickness	Relates to a situation where an employee is or will be absent for 4 weeks or more.
NOC	Notice of Concern.
OHWB	Occupational Health and Wellbeing.
Redeployment	A move to an alternative post, work area or location (this may be identified as permanent or temporary).
Rolling 12 month period	The preceding 12 month period – this is on a rolling basis and will therefore change every day. This is not based on financial or calendar years.
Short term sickness	Sickness absence of less than 4 weeks duration.
Unauthorised absence	Where an employee fails to follow the notification procedure and/ or reporting procedure therefore the absence has not been authorised.

3.0 Accountabilities

3.1 The **Director Sponsor** will be accountable for the revision of this policy which will be necessary from time to time as a result of changes in legislation or in the light of experience when applying the policy and its associated procedures. Any revisions will be agreed through the Trust's Joint Negotiating Committee.

3.2 The **Chief Operating Officer, Directors, Deputy Chief Operating Officers, Deputy Directors and Divisional Managers** will be responsible for ensuring that this policy is fairly and consistently applied within their area of responsibility in the

Trust and that Group Managers and Department Managers attend the training required as a result of this policy.

- 3.3 **Group Managers/ Department Managers/ Heads of Service/ Directorate Managers** will be responsible for ensuring that this policy is fairly and consistently applied within their area of responsibility in the Trust and that managers attend the training required as a result of this policy. All directorates must keep an up to date contact list for staff who need to be contacted if a key member of staff goes off sick.
- 3.4 **Managers** will be responsible for ensuring that they apply this policy fairly and consistently. They must work with their staff to identify required support to facilitate acceptable attendance levels, undertaking appropriate learning in order to comply with this policy, and they must maintain accurate records in line with this policy. Managers must also ensure robust reporting arrangements are in place for their individual departments, wards and clinical areas to ensure that their staff are aware of such processes. Managers must ensure that employees' health is not placed at an unacceptable level of risk due to inappropriate management of health and safety matters.
- 3.5 **Employees** will be responsible for complying with this policy and its associated documents, including attending work on a regular and consistent basis, and engaging and working collaboratively with their managers to maximise their health, wellbeing, and attendance. All staff must ensure that they are familiar with, and follow, any local departmental rules regarding the reporting of absence.
- 3.6 The **HR Advisory Department** will be responsible for supporting the implementation of these processes, including providing advice to staff and advice, guidance and relevant training and support for managers.
- 3.7 **OHWB** is responsible for promoting the physical and mental wellbeing of Trust staff, including providing support and guidance to Trust staff and managers in the form of medical advice, guidance, support and health promotion.
- 4.0 Policy Detail**
- 4.1 The Trust is committed to promoting and maintaining the health, safety, and welfare of all employees. The Trust will work with individual staff to provide any necessary and reasonable support to enable them to remain at work.
- 4.2 The Trust recognises the commitment of our staff demonstrate on a day-to-day basis and wish to support staff to deliver our service. This policy and its supporting documents are therefore intended to provide a balanced approach to maximising attendance and managing health-related non-attendance.
- 4.3 By taking a positive and proactive approach the Trust aims to support staff in achieving maximum attendance during their employment. In addition, as an employer committed to the wellbeing of all staff, the Trust is dedicated to taking all reasonable steps to ensure that staff health issues, and any factors within the work environment that exacerbate health problems, are identified at an early stage and appropriate action taken.

- 4.4 It is recognised that on occasions staff will encounter ill-health resulting in them being too unwell to attend work. The Trust requires processes to cover for sickness absence to maintain the Trust services. Consequently, the Trust will endeavour to support employees by raising awareness of the benefits of health and wellbeing, including the prevention and management of absence. Where sickness absence does occur, the Trust is committed to supporting staff both in their recovery and upon their return to work. The range of support available will be based on the individual needs of the staff member, however examples of support available is outlined within the [Guidance Document on Supporting Health and Wellbeing](#).
- 4.5 The policy and its supporting documentation provide a clear approach to promote wellbeing at work with the overall aim of reducing absence rates and to manage staff who are absent from work due to ill-health in a fair and consistent way. The following key principles outline the Trust’s approach to managing staff attendance.
- The Trust will adopt an individual, person-centred approach.
 - All staff will be treated fairly and consistently.
 - All staff have a responsibility for their own health and wellbeing but will be supported by the Trust in doing so, recognising that the health and wellbeing of staff can directly contribute to effective patient care and to facilitate regular attendance at work.
- 4.6 It is essential that all managers follow the detailed procedure set out in this document. If in doubt the HR Advisory Department must be contacted for advice (available during normal office hours).
- 4.7 In addition, the ‘[HR Advisory toolkit](#)’ provides a range of additional resources including guidelines, tools and templates.
- 4.8 This policy does not form part of the contract of employment.
- 4.9 This policy is supported by the following attachments:
- Attachment 1** [What To Do When Sickness Occurs](#)
Attachment 2 [Management of Staff Attendance at Work Procedure](#)
Attachment 3 [Additional Supporting Information](#) (including information on redeployment, disengagement, suspension pending medical assessment, and annual leave during sickness/ sickness during annual leave)
- 4.10 For ease of access and signposting to frequently used topics within this policy and its associated documents please see the [index document](#).

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No

5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

6.0 Equality Impact Assessment

An initial equality impact assessment has been carried out and no adverse impact in relation to Personal Protected Characteristics has been found.

7.0 Maintenance

This policy will be reviewed every three years or earlier if warranted by a change in standards or if changes are deemed necessary from internal sources.

8.0 Communication and Training

8.1 The HR Advisory Department will provide advice on the policy to staff, and advice and support to managers in the fair and equitable application of this policy as appropriate.

8.2 A manager training programme is available and is advertised through staff bulletins and Divisional HR representatives.

8.3 A '[HR Advisory Toolkit](#)' is available to provide further guidance and support.

8.4 All Group Managers, Matrons, Departmental and Directorate Managers are responsible for the communication of this policy to their staff.

9.0 Audit Process

9.1 The Chief People Officer has overall responsibility for the update and maintenance of this policy.

9.2 The Divisional Team, as well as the People and Organisational Development Committee will be responsible for monitoring its implementation. The HR Department will be responsible for reviewing this policy to ensure it reflects national standards and best practice. See below.

Criterion	Lead	Monitoring method	Frequency	Committee
Fair and consistent application of this policy	HR Manager/ Line Manager	Audit of actions taken by sex, race, age and disability to identify any variations	Annual	POD Committee

10.0 References

- 10.1 ACAS – Managing attendance and employee turnover, March 2014
- 10.2 Agenda for Change Terms and Conditions
- 10.3 CIPD – Measuring, Reporting and Costing Absence, August 2007
- 10.4 Department for Work & Pensions – The fit note: a guide for patients and employees, September 2015
- 10.5 Department for Work & Pensions – Getting the most out of the fit note: guidance for employers and line managers, September 2015

- 10.6 IP18 – Trust Norovirus Policy
- 10.7 NHS Employers – Creating health NHS workplaces, September 2015
- 10.8 NHS Employers – Evaluating health & wellbeing interventions for healthcare staff: key findings, November 2014
- 10.9 NHS Employers – Injury Allowance – a guide for employers, November 2016
- 10.10 NHS Employers – Injury Allowance – a guide for staff, November 2016
- 10.11 NHS Employers – Line management, the foundation of a mentally healthy NHS, May 2016
- 10.12 NHSBA – Changes to the NHS Injury Benefits Scheme, March 2013
- 10.13 NHS Pensions, Ill-health Retirement Factsheet, March 2009
- 10.14 Norovirus Working Party – Guidelines for the management of norovirus outbreaks in acute and community health and social care settings, March 2012
- 10.15 Public Health England – The Workplace Wellbeing Charter Self Assessment Standards, undated
- 10.16 Royal College of Physicians – Work and wellbeing in the NHS: why staff health matters to patient care, March 2015

Part A - Document Control

Policy number and Policy version: HR13 v10	Policy Title: Supporting and Managing Staff Attendance at Work Policy		Status: Final	Author: HR Manager - Advisory Director Sponsor: Chief People Officer
Version / Amendment History	Version	Date	Author	Reason
	V1	Oct 2002	Director of HR	New (formerly HR22)
	V2	Oct 2005	Director of HR	Timely Review & Update of Policy
	V3	Apr 2006	Director of HR	Review & Update of Policy
	V4	Apr 2008	Director of HR	Timely Review & Update of Policy
	V5	Sep 2010	Deputy Director of HR	Timely Review & Update of Policy
	V6	May 2011	Deputy Director of HR	Integration of Policies following Transforming Community Services (TCS)
	V7	Sep 2012	Deputy Director of HR	Review & Update of Policy
	V7.1	Nov 2013	Deputy Director of HR	Minor amendments in light of feedback
	V8	Dec 2016	HR Manager - Advisory	Policy review date and introduction of new policy elements. Re-branded from Management of Sickness Absence Policy
	V9	Mar 2022	HR Manager - Advisory	Policy review date Consideration of policies from BCPS transferred staff has taken place
V10	Aug 2022	HR Manager - Advisory	Policy review date	
Intended Recipients: All staff				
Consultation Group / Role Titles and Date: Staff Side – July 2022; HR Advisory department based on manager feedback – July 2022				
Name and date of Trust level group where reviewed			Joint Negotiating Committee – October 2022 Trust Policy Group – October 2022	
Name and date of final approval committee			Trust Management Committee – October 2022	
Date of Policy issue			November 2022	

Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)	October 2025 (then every 3 years)
<p>Training and Dissemination: Information sharing and engagement at manager's meetings, launched via Divisional Management forums. Training programme available for line managers. Advice and guidance available from the HR Advisory Department as and when required by managers and staff.</p>	
<p>To be read in conjunction with: HR19 Performance Capability Policy HR03 Disciplinary Policy GP02 Local Anti-Fraud, Bribery & Corruption Policy HR Advisory Toolkit HR28 Supporting Doctors to Provide Safer Healthcare Policy and Procedure (for medical and dental staff)</p>	
<p>Initial Equality Impact Assessment (all policies): Completed Yes Full Equality Impact assessment (as required): Completed No If you require this document in an alternative format e.g., larger print please contact Policy Administrator 8904.</p>	
Monitoring arrangements and Committee	People and Organisational Development Committee (POD)
<p>Document summary/key issues covered: The Trust recognises the considerable commitment that our staff demonstrate on a day-to-day basis, and we wish to support staff to deliver our service, based on the best quality care standards for patients. This policy and its supporting documents are therefore intended to provide a balanced approach to managing attendance, for both individuals and the Trust. By taking a positive and proactive approach the Trust aims to support staff in achieving maximum attendance during their employment. In addition, as an employer committed to the wellbeing of all staff, the Trust is dedicated to taking all reasonable steps to ensure that staff health issues, and any associated work environment aspects, are identified at an early stage and appropriate action taken. It is recognised that on occasions staff will encounter ill-health resulting in them being too unwell to attend work. The Trust requires processes to cover for sickness absence to maintain the Trust services. Consequently, the Trust shall endeavour to support employees by raising awareness of the benefits of health and wellbeing, including the prevention and management of absence, and where sickness absence does occur, the Trust is committed to supporting staff both in their recovery and upon their return to work.</p>	
Key words for intranet searching purposes	Absence Attendance Disability Health Long term condition Sickness Support Wellbeing
High Risk Policy?	No

Part B

Ratification Assurance Statement

Name of document: HR13 Supporting and Managing Staff Attendance at Work Policy

Name of author: Jenni Smith

Job Title: HR Manager - Advisory

I, _____ the above named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines (OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document, and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author: *J Smith*

Date: August 2022

Name of Person Ratifying this document (Director or Nominee):

Job Title:

Signature:

- I, the named Director (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and policy version HR13 v10	Policy Title Supporting and Managing Staff Attendance at Work Policy	
Reviewing Group	People and Organisational Development Committee	Date reviewed: August 2022
Implementation lead: JENNI SMITH, HR MANAGER - ADVISORY		
Implementation Issue to be considered (add additional issues where necessary)	Action Summary	Action lead (Timescale for completion)
Strategy; Consider (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	Policy will be communicated through the Divisional/ Department Meetings and Trust communication channels.	Upon policy approval HR Advisory Team
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	Line manager training programme available	Immediately available HR Advisory Team
Development of Forms, leaflets etc; Consider 1. Any forms developed for use and retention within the clinical record MUST be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	Tools and templates will be available on the HR Advisory Toolkit	Immediately available HR Advisory Team
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	Launched via management forums, communicated through the chairs of approving committees, via the Intranet and Trust communication channels, and guidance provided by the HR Advisory team.	Upon policy approval HR Advisory Team
Financial cost implementation Consider Business case development	None	
Other specific Policy issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation	n/a	

What to do when sickness absence occurs

1.0 Procedure Statement

- 1.1 This document is intended to provide guidance and a framework to staff members and Trust managers in respect of how to deal with all episodes of sickness absence.
- 1.2 It specifically provides information on:
- Reporting unfit for work – section 3.1,
 - Certification requirements (self-certificates and ‘fit’ notes) – section 3.2,
 - Maintaining contact – section 3.3,
 - Sick pay provisions – section 3.4, and
 - Returning to Work – section 3.5.
- 1.3 A ‘[quick guide](#)’ of the contents of this document can be found within the [HR Advisory Toolkit](#).

2.0 Accountabilities

- 2.1 As detailed within the main policy document, HR13.

3.0 Procedure Detail / Actions

3.1 Reporting ‘unfit for work’

First signs of feeling unwell

- 3.1.1 When a member of staff begins to feel that they are suffering from a health-related problem, we encourage staff to discuss with their line managers what support or reasonable adjustments may be put in place within the workplace to enable them to remain at work (where appropriate) or to support them to achieve a speedy recovery.
- 3.1.2 It is recognised however that on occasion staff will encounter ill-health resulting in them being too unwell to attend work.

First day of absence

- 3.1.3 Employees must notify their manager or nominated sickness-reporting person(s) as soon as possible on the first day of their absence (see section 3.1.7 below for further details) advising the following.
- The **date** that they became ill.
 - The **nature** of the illness, especially those relating to infectious diseases and D&V or active participation in sport as a profession.
 - If the **cause** of absence is a work-related accident, injury, or disease, and if any work issues have contributed to the sickness absence.
 - Whether the absence is likely to require **medical attention**.
 - The expected **duration**.
 - Any **adaptations or reasonable adjustments** which would enable an earlier return to work.
 - Their **contact details** for the duration of their absence.
 - Any critical aspects of their role or work that will need to be **covered**.
 - An agreed **next contact date** (see ‘Maintaining contact’ section 3.3 of this document).

- 3.1.4 If a member of staff becomes too unwell to continue to work whilst working an out of hours shift, or whilst on-call out of hours, and has no access to a suitable line manager or to a locally agreed process, they must contact the on-call manager for the Trust.
- 3.1.5 The first day of absence may be a training day or may also be when staff are expected for duty out of hours or on-call, in which case they are still required to report in as per their local procedures for out of hours and on-call work.
- 3.1.6 Where the sickness is reported to the nominated sickness-reporting person(s), it is good practice for the direct line manager to contact the employee directly at the earliest opportunity to ensure appropriate support for the individual during their absence and to ensure that each of the above points has been addressed.
- 3.1.7 Employees must note the following.
- Only in exceptional circumstances can someone acting on their behalf report absence.
 - Notification must be by telephone call; it is not acceptable to send text messages or emails or send messages via a colleague or an answer phone message.
 - Notification of absence must be made as early as possible, and in cases where it falls on an 'on-duty' day then it must be made no later than the reporting time of the start of duty so that cover can be arranged.
 - Any delay in notification must be reasonable and justifiable; failure to have an acceptable reason for non-notification or delayed notification will result in the absence being recorded as unauthorised, unpaid absence. Please see [Additional Supporting Information](#) (attachment 3) for more information regarding failure to report for duty.
 - Absence will only be recorded and managed as an episode of sickness where it relates to an employee's own ill-health. Absence due to any other reason shall be managed in line with other relevant policies, e.g. [Trust's Leave Policy](#) (HR01).
- 3.1.8 Upon being advised of a staff member's sickness absence, managers or nominated sickness-reporting person(s) must do the following.
- Make arrangements, where necessary, to cover work and inform relevant colleagues (whilst maintaining confidentiality).
 - Complete a sickness absence notification form.
 - Ensure the sickness episode is recorded for Payroll and local monitoring purposes (e.g. e-roster, timesheet, turnaround document etc.).
 - Consider a referral to OHWB. Further information regarding [Supporting Staff Health and Wellbeing](#) can be found within the guidance document contained within the [HR Advisory Toolkit](#).
- 3.1.9 Managers must also ensure robust reporting arrangements are in place for their individual departments or wards which incorporate the principles detailed above. All staff must ensure that they are familiar with any local departmental rules regarding the reporting of absence.

Part-day absences

- 3.1.10 Where an employee has an episode of sickness absence for any part of an 'on-duty' day the part day:
- Will not be recorded as an episode of sickness absence and
 - Will not count towards the support or escalation triggers.
- 3.1.11 If the absence continues, then the sickness episode will commence on the following day.
- 3.1.12 A "return to work discussion" (RTWD) must take place on the staff member's return following a part day absence to ensure:
- That the employee is fit to return,
 - To identify whether there is any additional support that may be required, and
 - To explore if there are any underlying problems.
- (See further information in section 3.5.)
- 3.1.13 If an employee returns from sick leave and then goes home unwell on the same day and the reason for absence is related to the cause of the sick leave, this will be counted as a continuation of their previous absence.
- 3.1.14 The manager must keep a record of all part-day absences and monitor them to identify any patterns. Any recognisable pattern or trend of sickness absence or cause for concern is detailed as one of the [sickness absence action triggers](#) and can therefore initiate management in line with the [Management of Staff Attendance at Work Procedure](#).

Cosmetic surgery

- 3.1.15 Although cosmetic surgery can result in the improved wellbeing of a member of staff it is classed as a voluntary procedure and members of staff must take annual leave for receiving such treatment. Examples include procedures such as breast enhancements, refractive laser eye surgery etc.
- 3.1.16 If unforeseen medical complications arise from the cosmetic surgery, the usual sickness absence provisions and requirements apply.
- 3.1.17 Where treatment has been medically recommended, normal sick pay provisions will apply. In these circumstances employees are required to provide written evidence from a medical professional, such as a letter confirming details of the treatment.

D&V

- 3.1.18 Staff who are absent from work due to D&V must remain off work until they are 48 hours clear of symptoms whilst eating and drinking normally, in line with both the [Trust's IP18 Policy](#) and national guidance.
- 3.1.19 In all cases of D&V, time where the employee remains symptomatic will be recorded and managed as sickness absence; the 48 hour required symptom-free period will be recorded as authorised paid special leave. Any periods of authorised special leave will be recorded and monitored for patterns by the line manager.
- 3.1.20 Employees must advise OHWB of D&V symptoms as information on D&V symptoms are recorded to monitor outbreaks.

Covid-19

3.1.21 The Trust publishes separate guidance related to Covid-19. Absences related to Covid-19 will therefore be managed in line with the guidance relevant at the time.

3.2 Certification requirements (self-certificates and ‘fit’ notes)

3.2.1 Appropriate certification must be provided to cover the entire sickness absence period, as in the table below.

Length of absence	Type of certification	When to submit	To whom to give the certificate
Seven calendar days of absence or less	Self-certificate	Immediately on return to duty (no later than five on-duty days of return)	Line manager
Eight calendar days absence or more	Statement of fitness to work (fit note)	As soon as reasonably practicable and no later than the fourteenth day of sickness. Subsequent ‘fit notes’ must be consecutive to ensure they cover the whole period of absence and be submitted no later than seven days of the expiry of the previous fit note.	Line manager

3.2.2 In exceptional circumstances, employees may be required to produce a medical certificate before the eighth day of sickness absence. The manager must first discuss this with their Divisional HR representative. Payment of any charge levied for the provision of such a certificate will be reimbursed by the Trust, on production of a receipt by the employee (please note that this reimbursement will not take place during periods of Industrial Action).

3.2.3 Staff and managers can obtain further information regarding [Seeing your doctor and the Statement of Fitness to Work – the ‘fit note’](#) within the guidance document contained within the [HR Advisory Toolkit](#).

3.2.4 Back-dated fit notes will not be accepted as valid, except where there are exceptional mitigating circumstances which meant that the employee was unable to obtain a certificate at the required time. This must be discussed with the line manager at the earliest opportunity.

3.2.5 Only in exceptional cases will a foreign medical certificate of more than one month be accepted. A UK medical certificate must be obtained on return to the country.

3.2.6 Submitted certificates will be kept on the employee’s personal file.

3.2.7 Any potential fraud identified in relation to fit notes, e.g. a suspicion around falsification, may be managed in line with the [Trust’s Disciplinary Policy](#) and will also be referred to the Trust’s Local Counter Fraud Specialist for action in line with [GP02 Local Anti-Fraud, Bribery and Corruption Policy](#) and the Fraud Act 2006.

3.3 Maintaining contact

3.3.1 It is essential that regular contact is maintained between the manager and member of staff during episodes of sickness absence to ensure that the most up-to-date

information is received, and to ensure appropriate and person-centred support. This is especially important where the expected length of absence has changed or where any adaptations and, or adjustments may be made to enable an earlier return to work.

3.3.2 As a minimum the frequency of telephone contact must be as follows.

Length of absence	Contact frequency
Short term sickness – not predicted to be long term, no statement of fitness to work issued.	Daily
Short term sickness – not predicted to be long term, statement of fitness to work has been issued.	Agreed between the line manager and employee
Long term sickness (including planned surgery).	Two-weekly contact

Alternative contact intervals and, or methods may be agreed between the line manager and the employee providing these are reasonable, justifiable, and documented.

3.3.3 Where a staff member is on long term sickness, it is good practice for managers to keep a record of all contact in the template communications log (available in the [HR Advisory Toolkit](#)).

3.3.4 Whilst off sick from work employees are expected to remain contactable and available for Trust meetings such as OHWB appointments and sickness review meetings.

3.4 Sick pay provisions

3.4.1 Trust sick pay will be paid in accordance with the Agenda for Change Terms and Conditions of Service or in accordance with the applicable Terms and Conditions of Service for Medical and Dental staff. Details of these provisions can be found within the guidance document on [Sick Pay Provisions, NHS Injury Allowance, and Ill-health Retirement](#) found within the [HR Advisory Toolkit](#).

3.4.2 Sick pay may be stopped where there is disengagement with the [Supporting and Managing Staff Attendance at Work Policy](#), for example in if an employee meets any of the following criteria (this list is not exhaustive).

- Fails to follow the notification procedure.
- Fails to submit a fit note within the required timeframe.
- Fails to complete the self-certificate within five on-duty days following return to work.
- Participates in activities during sickness absence which are not consistent with their reason for absence.
- Fails to attend arranged OHWB appointments.
- Fails to attend meetings to discuss their sickness absence.

It must be noted that production of a fit note does not remove the requirement to follow other aspects of the policy (e.g. attending OHWB, maintaining contact etc.). Please see [Additional Supporting Information](#) (attachment 3) for more information regarding disengagement.

3.4.3 NHS Injury Allowance covers employees who sustain an injury or contract a disease or other health condition due to NHS employment. Further information on this can

also be found within the guidance document on [Sick Pay Provisions, NHS Injury Allowance, and Ill-health Retirement](#) found within the [HR Advisory Toolkit](#).

- 3.4.4 Employees absent on sick leave have a duty not to undertake any activities which may adversely affect their health or recovery from illness.
- 3.4.5 Staff must not undertake alternative or additional employment whilst on sick leave. In line with [HR17 Implementation of the Working Time Regulations](#) and [OP109 Conflicts of Interest Policy](#), any secondary employment must be declared. In very exceptional circumstances with the prior written agreement of the Director of Workforce, the Trust may allow an individual to undertake work for another employer whilst absent from work due to sickness. This permission will only be granted where there is medical evidence that an individual is unable to undertake their duties in whole or in part for the Trust but is medically fit to work elsewhere and in a role that is not in conflict with their continuing employment with the Trust. Employees who, in the opinion of management, do not observe this requirement will forfeit any entitlement to Trust sick pay. Undertaking alternative or additional employment whilst on sick leave without the above detailed permission is normally classed as gross misconduct and may result in summary dismissal. It may also constitute fraud. Any such cases will be handled in line with the [Trust's Disciplinary Policy](#) and will also be referred to the Trust's Local Counter Fraud Specialist for action in line with [GP02 Local Anti-Fraud, Bribery and Corruption Policy](#) and the Fraud Act 2006. The contact details for the Local Counter Fraud Service can be found at <http://trustnet/departments-services//local-counter-fraud-service/>.

3.5 Returning to Work

- 3.5.1 In line with recommendations from the Department for Work and Pensions (in consultation with several practicing doctors and professional bodies).
- People can come back to work before they are fully recovered (which may help their recovery).
 - The Trust will support someone with a health condition to come back to work wherever possible.
 - Line managers will make reasonable adjustments that can help someone with a health condition come back to work earlier.
- 3.5.2 The Trust in turn wants to support managers and staff to work together in order to enable and facilitate staff attendance at work. Further information regarding [Supporting Staff Health and Wellbeing](#) and [Seeing your doctor and the Statement of Fitness to Work – the 'fit note'](#) can be found within the guidance document contained within the [HR Advisory Toolkit](#).
- 3.5.3 Employees must advise their manager of the end of their sickness absence, even when this occurs on a day which is not part of their normal working pattern or scheduled rota. The notification of the intention to return to work must be made at the earliest opportunity to allow suitable arrangements to be made. Failure to do so may result in non-working days being included in a staff member's absence record unnecessarily.

Return to Work Discussion

- 3.5.4 A "return to work discussion" (RTWD) must take place on the first day of return to work, or as soon as possible within three days of the return. This will be between

the line manager and employee to ensure that the employee is fit to return, to identify whether there is any additional support that may be required, and to explore if there are any underlying problems. See also section 3.3.1.

- 3.5.5 In some cases employees will not be working at the same time or location as their manager and therefore a face-to-face meeting may prove to be difficult. In these circumstances it may be appropriate for another nominated manager to undertake the RTWD (for example, a deputy) or where the employee is returning from a short period of absence, an RTWD can be undertaken by telephone.
- 3.5.6 The [HR Advisory Toolkit](#) provides additional guidance and templates. The completed RTWD pro-forma will be kept on the employee's personal file.

Management of a disability in the workplace and 'Reasonable Adjustments'

- 3.5.7 Managers and staff must consider any support and 'reasonable adjustments' required to enable an employee to return to work, particularly where the health problems are covered by the Equality Act 2010. Therefore, appropriate discussion must take place regarding this when staff members return to work following absence if they believe is related to a disability.
- 3.5.8 Managers and staff do not need to wait until a sickness absence episode has occurred before having these discussions; therefore if staff are having difficulties, they should raise this as soon as possible to enable proactive measures and support to be put in place which could help to prevent unnecessary/ avoidable absences.
- 3.5.9 Managers must seek advice and guidance from relevant departments where appropriate e.g. OHWB, divisional HR representative, specialist advisors such as 'Access to Work' etc. Further information can be obtained within the guidance document on [Supporting Staff Health and Wellbeing](#) in the [HR Advisory Toolkit](#).

Phased Return to Work

- 3.5.10 Where a member of staff has been off sick for an extended period, it may be advisable that they return to work on a phased basis. This may mean either a return to work with fewer hours than usual or carrying out modified duties, with a graduated increase over a set period of time.
- 3.5.11 The aim of the phased return to work programme is to return the employee to their contracted hours and duties by the end of the agreed time period. This may be recommended by the employee's medical advisor, advised by OHWB, requested by the employee or suggested by the manager.
- 3.5.12 A phased return to work is not automatic and must only take place where it will assist and support the employee to achieve a successful return to work. Where a phased return to work is recommended, the employee and the manager must discuss this without delay.
- 3.5.13 A phased return must be for as short a period as reasonable to enable the member of staff to return safely and without incurring further sickness absence.
- 3.5.14 From a financial perspective, to support staff with this process, where a phased return to work that results in a short fall in hours has been agreed, the staff member

will receive basic pay to cover the short fall for a period of up to four weeks. In cases where OHWB recommend that the phased return exceeds four weeks managers and staff must arrange and agree appropriate arrangements, this is likely to include:

- Use of annual leave to make up the short fall in hours or
- Pro-rata payment for the actual hours worked.

3.5.15 Managers must aim to accommodate a recommended phased return to work, taking into consideration the individual, the medical advice, and the needs of the service. Where managers believe that they are unable to facilitate the requirements of the phased return, they must also consider the wider remit of their area and potentially discuss with colleagues across the relevant group or department.

3.5.16 During the period of the phased return to work, the line manager must have regular contact with the individual to ensure that progress against the plan is optimised and that it has no detrimental impact upon the member of the staff's health; if there is any problem with the plan, the plan must be adjusted. If problems occur during the period of phased return guidance must be sought from OHWB as soon as possible.

Overtime/ Bank Work

3.5.17 In order to protect and support the health and wellbeing of staff within the Trust the following conditions are applicable to overtime and bank work.

- To ensure a full recovery has been achieved overtime and, or bank shifts must not be undertaken by staff that have been off sick until they have worked a full week of rostered shifts following their return to work. Any exceptions that need to be considered in times of extreme operational pressure must be sanctioned by the line manager following full consideration of the individual circumstances of the member of staff.
- Bank work will not be permitted during any phased return period.
- Where the manager feels that continuing to work overtime or bank in addition to their contracted hours may be contributing to a staff member's sickness, they can restrict staff from undertaking additional work/ shifts for the Trust for a set period of time. This must always be discussed with the employee prior to being implemented.

4.0 Equipment Required

As detailed within the main policy document, HR13.

5.0 Training

As detailed within the main policy document, HR13.

6.0 References

As detailed within the main policy document, HR13.

Management of Staff Attendance at Work Procedure

1.0 Procedure Statement

1.1 This document is intended to provide guidance and a framework to both staff members and Trust managers in respect of managing attendance where specific triggers are met.

1.2 It specifically provides information on:

- An overview of sickness absence action triggers – section 3.4,
- Step 1 Health and Wellbeing Meeting – section 3.5,
- Step 2 First NOC – section 3.6, and
- Step 3 Final NOC – section 3.7.

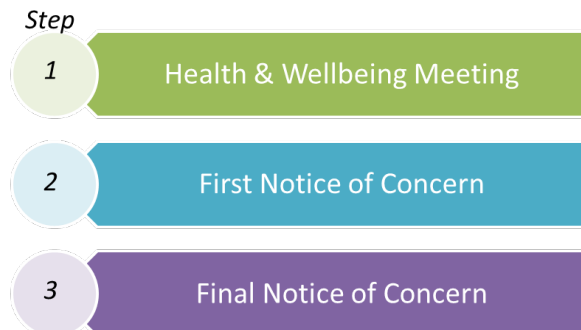
2.0 Accountabilities

2.1 As detailed within the main policy document, HR13.

3.0 Procedure Detail / Actions

3.1 The Trust approaches the management of sickness absence in a way that supports staff health and wellbeing but also addresses, at the appropriate time, the impact that high levels of sickness absence have on the Trust and the service it delivers to patients.

3.2 The Trust adopts a three-step process, which focuses on an approach that supports and fosters staff health and wellbeing, an overview of which is:



3.3 Sickness absence action triggers

Support and Escalation Triggers

3.3.1 The Trust has set reasonable targets of acceptable attendance, which take into consideration the formal attendance target.

3.3.2 Supportive management through a Health and Wellbeing Meeting will therefore take place when any of the support triggers is met in a 12-month rolling period. Where attendance levels become unsustainable to the Trust, escalation to First NOC or Final NOC may be required.

3.3.3 The Trust's triggers, and any applicable trigger exemptions, are detailed within the guidance document for [Managing Attendance](#) (within the [HR Advisory Toolkit](#)).

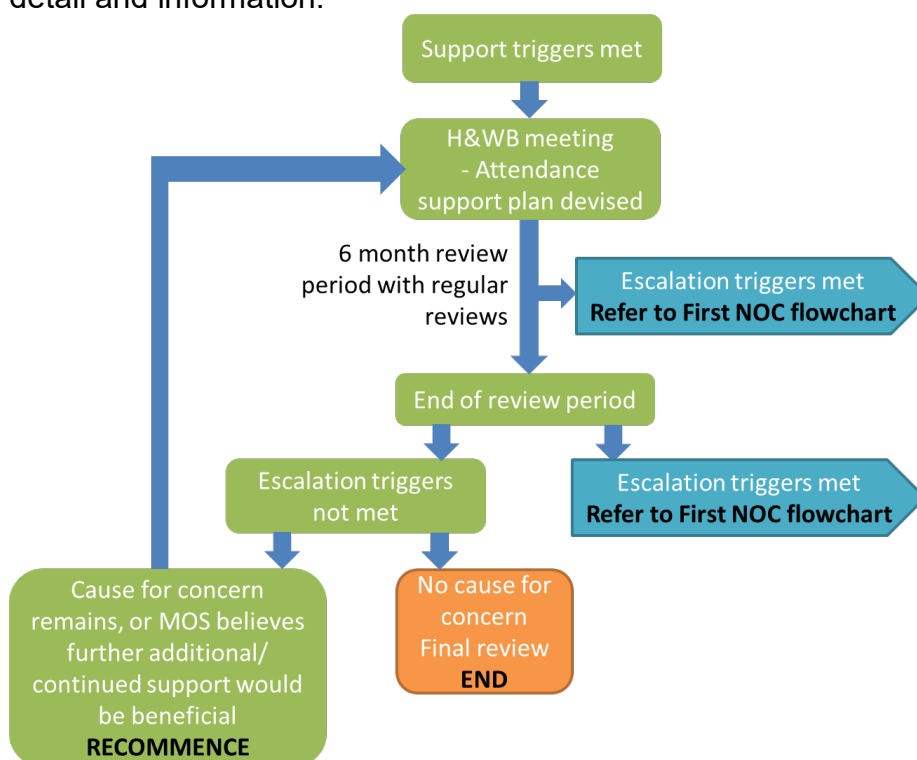
3.4

1 Health & Wellbeing Meeting

3.4.1 Where a staff member meets the 'support triggers', a face-to-face Health and Wellbeing Meeting will take place, regardless of the reasons for absence (unless identified as a [trigger exemption](#) in which case alternative meetings will take place). The reason for this is to foster a culture of support whereby open dialogue can exist between managers and staff to aid staff health and wellbeing and to facilitate regular attendance at work.

3.4.2 This is intended to be an informal supportive discussion between the line manager and employee to discuss the reasons for absence and any support or adjustments that can be put in place. This discussion is an opportunity for the staff member to raise any matters which they feel may be causing or exacerbating ill-health.

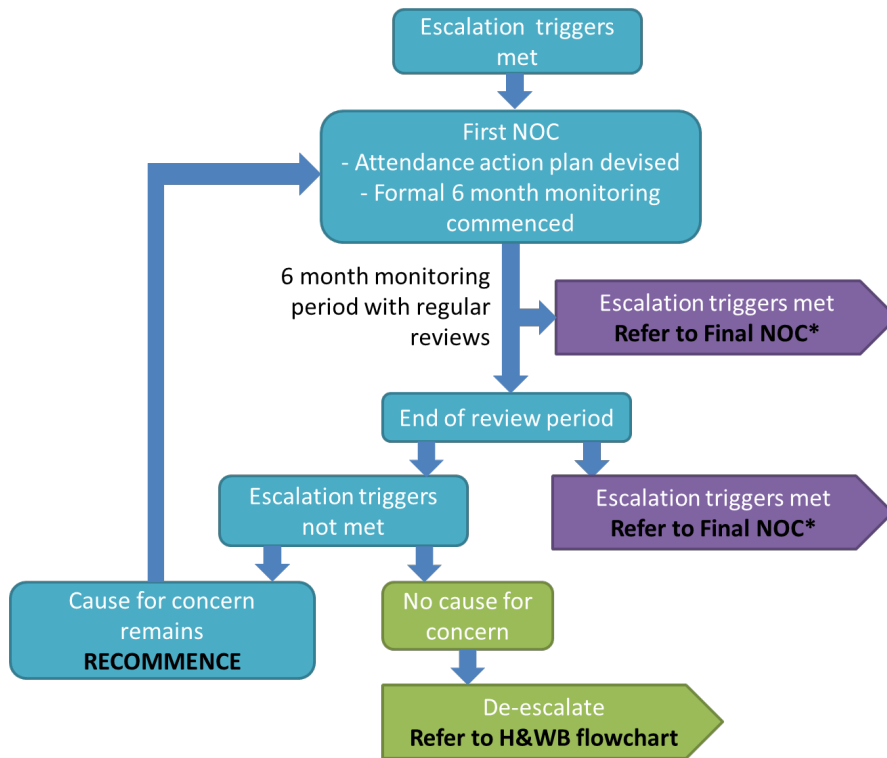
3.4.3 An overview of the process is detailed in the flowchart below, and the [Managing Attendance](#) guidance document (within the [HR Advisory Toolkit](#)) provides further detail and information.



3.5

2 First Notice of Concern

- 3.5.1 A formal face-to-face First NOC meeting will be arranged at the point of an employee meeting the ‘escalation triggers’. Within this meeting, discussions will take place with staff regarding the concerns held around their level of attendance and the impact of this on the Trust and service delivery. The employee will therefore be advised that not achieving and sustaining the required improvement in attendance may result in escalation to a Final NOC (Hearing), which may result in the termination of their contract of employment.
- 3.5.2 A formal monitoring period will be set at the First NOC, and regular meaningful review meetings will therefore take place during the monitoring period.
- 3.5.3 An overview of the process is detailed within the flowchart below, and the [Managing Attendance](#) guidance document (within the [HR Advisory Toolkit](#)) provides further detail and information.



*Before escalation to Final NOC, long term sickness cases should have an update from OHWB, & have explored redeployment/ill-health retirement (where appropriate)

3.6

3 Final Notice of Concern

- 3.6.1 The Final NOC is a formal hearing between management and a member of staff to consider the facts of the case and determine an appropriate outcome.

- 3.6.2 In preparation for the Final NOC (Hearing) the line manager will prepare a thorough written report detailing a full case history including medical advice received, support and adjustments made, and options for redeployment or ill-health retirement considered (where appropriate). This will be submitted as soon as possible to a member of the Divisional Management Team for the relevant group or department (for example Matron, Group Manager, Service Head, Department or Directorate Head etc). Please see the [HR Advisory Toolkit](#) for relevant available templates.
- 3.6.3 The Final NOC (hearing) will take place in line with the Trust's guidance document for [Conducting Hearings in line with HR Policies](#). In certain sensitive cases it may be appropriate to follow the principles of this guidance but hold the meeting in a more informal manner.
- 3.6.4 The panel chair will consider the facts of the case to consider a number of outcomes as detailed below.
- Exploration of (where appropriate and not already considered):
 - Redeployment opportunities,
 - Support and reasonable adjustments, and
 - Application for ill-health retirement for members of the NHS Pension Scheme.
 - A further period of monitoring at First NOC level (or in exceptional cases, and where appropriate, Health and Wellbeing meeting).
 - Termination of contract on the grounds of capability (which may be due to levels of attendance or ill-health).
- 3.6.5 As detailed within the hearing guidance, the outcome of the hearing will be confirmed to the employee in writing within 7 working days of the hearing completion date. In all cases the outcome letter will outline:
- The key issues considered,
 - Any mitigating circumstances taken into account,
 - The conclusions drawn,
 - Details of the outcome including the reasons for this decision, and
 - Where termination of employment occurs, the right of appeal against the decision (see below).

Termination of employment

- 3.6.6 Termination of employment will not be a decision taken lightly and will only be considered as a last resort. All aspects of the case will be considered, taking into account all circumstances and medical advice and recommendations. If permission to obtain medical evidence has been refused by the employee, then the Trust will act on the information available. In such cases, the individual will be advised that it may be in their best interests to give OHWB access to this information, since it will enable the Trust to take this into account.
- 3.6.7 If the employee's attendance has continually failed to meet the required standard, the Trust will have no option but to terminate the employment contract. In these circumstances notice will be given, or payment in lieu of notice in accordance with the Terms and Conditions of Service. Payment for any outstanding annual leave will also be made.

- 3.6.8 It is not a requirement of this procedure that an employee’s sick pay entitlement need be exhausted prior to a decision to terminate employment being made.
- 3.6.9 Employees eligible to apply for ill health retirement will be given reasonable opportunity to apply for this prior to their employment being terminated. Guidance can be found in [Sick Pay Provisions, NHS Injury Allowance, and Ill-health Retirement](#) (within [HR Advisory Toolkit](#)). If an employee decides not to apply, or delays their application, the Trust may move to terminate employment if the advice of OHWB is that the individual is unfit to perform their duties and alternative employment is not available or suitable.
- 3.6.10 Dismissal must be determined only by a duly authorised manager, and as such cannot be delegated to a less senior manager. The table below outlines the level of authority to act and appeal rights.

	Level of Authority to Act	Appeal Rights
Dismissal	Minimum of member of the Divisional Management Team for the relevant group/ department (e.g., Matron/ Group Manager/ Service Head/ Department/ Directorate Head). Minimum band 8a	Right of appeal to next level manager above decision-maker

Right of Appeal

- 3.6.11 The table above indicates against which levels of sanction employees may appeal against, and to whom this appeal must be made.
- 3.6.12 An employee may appeal on a variety of grounds, for example:
- The severity of the penalty imposed,
 - Procedural irregularities, or
 - The employees perceived unfairness of the judgment.
- 3.6.13 An employee wishing to appeal must write to the relevant level of manager (detailed within the above table) within 15 calendar days of the decision, setting out in full the reasons for appeal and enclosing any documents that they wish to rely on. This will be used as the employee’s Statement of Case.
- 3.6.14 As a result of the right to appeal being exercised, a formal appeal hearing will take place. The hearing will be held to consider the facts of the case and will conclude either:
- To uphold the original decision or
 - To allow the appeal.
- 3.6.15 Where the appeal is allowed, this may result in there being a decision to withdraw the sanction or for the level of action previously taken being reduced.
- 3.6.16 Please refer to the guidance document for the [Conducting of Appeal Hearings in line with Human Resources Policies](#) for further details on the appeal process.

4.0 Equipment Required

As detailed within the main policy document, HR13.

5.0 Training

As detailed within the main policy document, HR13.

6.0 References

As detailed within the main policy document, HR13.

Additional Supporting Information

1.0 Procedure Statement

1.1 This document is intended to provide guidance and a framework to staff members and Trust managers on:

- Redeployment due to ill-health,
- Disengagement,
- Suspension pending medical assessment, and
- Annual leave during sickness and sickness during annual leave

2.0 Accountabilities

2.1 As detailed within the main policy document, HR13.

3.0 Procedure Detail / Actions

3.1 Redeployment due to ill-health

3.1.1 In some cases an employee may be incapable of continuing in their current role due to their health. Consequently, the employee is at risk of dismissal and in these circumstances, following medical advice and recommendation received from OHWB, redeployment on the grounds of capability due to ill-health may take place.

3.1.2 The guidance document on [Redeployment Due To Ill-Health](#) within the [HR Advisory Toolkit](#) provides guidance to staff and managers in relation to the redeployment process.

3.1.3 The employee is placed on the redeployment register for a 4-week period where vacant posts will be ring-fenced prior to being advertised (redeployment period). The redeployment period will coincide with any sickness absence. In exceptional circumstances, with senior manager approval, the redeployment period can be extended (up to a maximum of 3 months).

3.2 Disengagement

3.2.1 As detailed within the attachment [What to do when sickness occurs](#) (section 3.4.2), an employee may be considered as disengaging with the [Supporting and Managing Staff Attendance at Work Policy](#) for a number of reasons (for example, failing to follow the notification procedure, failing to attend meetings to discuss their sickness absence etc.).

Failure to report for duty

3.2.2 Where a member of staff fails to attend for work without reporting in, as early as possible all efforts will be made by the manager to make contact with the employee, which will in the first instance take place by telephone.

3.2.3 If a manager has concerns over the employee's safety, then they may consider it necessary to contact the employee's next of kin, or if they have serious concerns or are unable to contact the next of kin this may result in the police being contacted to conduct a safe and well check. It is advised that managers first discuss this with divisional HR representatives.

3.2.4 An employee who fails to attend work without notification will be regarded as being on unpaid unauthorised absence and therefore disengaged with the Trust (it cannot be assumed that the individual is sick). Disciplinary action may also be taken against the employee unless the absence and the employee's inability to notify their manager were due to genuine reasons outside the control of the employee and which are acceptable to the manager.

Other examples of disengagement

3.2.5 Where other examples of disengagement take place, and they cannot be rectified by telephone, the usual practice would be for the manager to write to the employee:

- Highlighting the concerns regarding their disengagement, and
- Detailing any employee actions required to take place by a certain date to enable the staff member to be considered as 're-engaged' (e.g. telephone contact, receipt of a fit note etc).

3.2.6 Where the staff member does not 're-engage', a further letter will be sent advising the staff member that sick pay will be stopped from the point of disengagement and, where appropriate, disciplinary action initiated.

3.2.7 Template letters are available in the [HR Advisory Toolkit](#) and advice available from divisional HR representatives.

3.3 Suspension Pending Medical Assessment

3.3.1 It may be appropriate to consider suspension on medical grounds where an employee remains in attendance at work and a manager:

- Is concerned about an employee's state of health (physical or mental), and, or
- Believes that the health, safety or welfare of the employee or others may be at risk.

3.3.2 If there is an identified risk:

- *Within normal opening hours of OHWB* – an immediate referral must take place.
- *No available access to OHWB but during working hours* – the Divisional Management Team for the relevant group or department (i.e. Matron, Group Manager, Service Head, Department Head or Directorate Head) must be made aware and will have the responsibility to undertake a risk assessment of the employee and the situation and consider whether suspension on medical grounds (pending medical assessment) is appropriate.
- *Out of the normal opening hours* – the Trust Senior Manager on-call must be made aware and must undertake a risk assessment of the employee and the situation and consider whether suspension on medical grounds (pending medical assessment) is appropriate.

3.3.3 The employee must be informed of the suspension by the line manager (or another appropriate manager), and this must then be confirmed in writing.

3.3.4 The suspension takes place on full pay pending the employee visiting OHWB; the absence will be counted as sick leave (unless OHWB confirm that the employee is or was fit to attend work at the time of the enforced absence).

- 3.3.5 The employee will then be responsible for providing medical certification in the usual way; failure to do so will usually result in a loss of pay and the period being recorded as unauthorised absence.
- 3.3.6 Template letters are available in the [HR Advisory Toolkit](#) and advice available from divisional HR representatives.
- 3.3.7 Employees who are under observation due to contact with a notifiable disease and are required to be absent from work by the Medical Officer for Environmental Health will be viewed as suspended from duty on medical grounds during their period of mandatory isolation.

3.4 Annual leave during sickness and sickness during annual leave

- 3.4.1 Employees who are absent due to sickness will continue to accrue annual leave entitlement for the duration of the absence. Similarly, during periods of long-term absence employees can continue to request and take annual leave if they so wish.
- 3.4.2 Where an employee is absent due to sickness on a Bank Holiday, they will receive sick pay as normal. Employees do not accrue Bank Holidays during an episode of sickness absence and therefore when this occurs the Bank Holiday will be deducted from their leave entitlement.
- 3.4.3 Employees who become ill during pre-arranged annual leave may be able to take their annual leave at a later date provided they meet the following requirements.
- The Trust sickness absence notification process must have been followed with the employee reporting the illness or injury on the first day that it occurred.
 - A Statement of Fitness for Work that covers the episode of absence must be obtained. In cases where the employee is overseas when they fall ill or are injured, evidence must still be produced either by way of a medical certificate or proof of a claim on an insurance policy for medical treatment received at the overseas location.
 - Please note that staff can only reschedule the period of planned leave which coincides with the unfitness for work.
 - Any breach of this, or where there is evidence of a pattern emerging of such claims, will result in the request being declined.
- 3.4.4 Where a staff member on long term sickness absence wishes to go on holiday and be un-contactable and unavailable for Trust meetings, they continue to be able to request annual leave in accordance with the [Trust's Leave Policy \(HR01\)](#). For example, staff who are on reduced pay may find taking annual leave a useful method of supplementing their pay during a period of long term sickness absence (because they will be paid full pay). In these circumstances the staff member is required to have the agreement of their manager prior to the commencement of the leave.
- 3.4.5 In these circumstances annual leave requests will normally be agreed as long as the holiday period does not have a detrimental effect on the employee's rate of recovery and is not inconsistent with the reason for absence and medical advice.

- 3.4.6 If this is agreed, sick pay will be postponed and reinstated on the completion of the annual leave period. The period of sick leave falling before and after the annual leave period will be counted as one episode.
- 3.4.7 In some cases there may be medical advice which indicates that a holiday may positively impact on an employee's recovery or that the person should travel abroad to receive treatment. Although the absence will continue to be recorded and paid as sickness absence, in these cases employees must still advise their manager of this (in order to ensure that their unavailability is not perceived as disengagement). In these circumstances employees may be required to provide written support from a medical professional.
- 3.4.8 Upon their return from sickness absence staff must continue to request and take annual leave as normal prior to the expiry of the leave year. If the staff member is sick for the complete leave year, or when they return to work there is insufficient time left in the leave year to enable them to take accrued leave, they will be entitled to carry over statutory leave. Statutory leave is defined as 4 working weeks (i.e. 20 days, pro-rata for part time staff) in line with the Working Time Regulations. Details regarding annual leave carry over provisions can be found within the [Trust's Leave Policy \(HR01\)](#).

4.0 Equipment Required

As detailed within the main policy document, HR13.

5.0 Training

As detailed within the main policy document, HR13.

6.0 References

As detailed within the main policy document, HR13.