

Policy Number	HR07
---------------	------

This document has been reviewed in line with the *Policy Alignment Process for Liverpool Community Health NHS Trust Services*. It is a **valid Mersey Care document**, however due to organisational change this FRONT COVER has been added so the reader is aware of any changes to their role or to terminology which has now been superseded. **When reading this document please take account of the changes highlighted in Part B and C of this form.**

### Part A – Information about this Document

<b>Policy Name</b>	<b>Supporting Attendance Policy HR7</b>									
<b>Policy Type</b>	Board Approved (Trust-wide) <input type="checkbox"/>			Trust-wide <input checked="" type="checkbox"/>			Divisional / Team / Locality <input type="checkbox"/>			
<b>Action</b>	No Change <input type="checkbox"/>	Minor Change <input checked="" type="checkbox"/>	Major Change <input type="checkbox"/>	New Policy <input type="checkbox"/>	No Longer Needed <input type="checkbox"/>					
<b>Approval</b>	As Mersey Care's Executive Director / Lead for this document, I confirm that this document: a) complies with the latest statutory / regulatory requirements, b) complies with the latest national guidance, c) has been updated to reflect the requirements of clinicians and officers, and d) has been updated to reflect any local contractual requirements									
	Signature:						Date:			

### Part B – Changes in Terminology *(used with 'Minor Change', 'Major Changes' & 'New Policy' only)*

Terminology used in this Document	New terminology when reading this Document
New section on 'Just and Learning Culture'.	

### Part C – Additional Information Added *(to be used with 'Major Changes' only)*

Section / Paragraph No	Outline of the information that has been added to this document – especially where it may change what staff need to do
Section 1	It is the trust's policy to ensure that any attendance matter is dealt with fairly and that steps are taken to establish the facts using the Just and Learning Culture decision making tool (contained within HR37 Supporting Colleagues policy) and to give all relevant employees the opportunity to respond before taking further action.
New section 5, item 5.1 and 5.2	5.1 Mersey Care believes a Just and Learning Culture can be seen as an environment where we put equal emphasis on accountability and learning. Its where we ask you to give an account of how the event happened and what it meant to you and what support is needed by those affected by the event both directly and indirectly. 5.2 It's a culture that instinctively asks in the case of an adverse event: "what was

Policy Number	HR07
---------------	------

	responsible, not who is responsible". It's not finger-pointing and it's not blame-seeking. That said, a Just and Learning Culture is not the same as an uncritically tolerant culture where anything goes - that would be as inexcusable as a blame culture.

**Part D – Rationale** *(to be used with 'New Policy' & 'Policy No Longer Required' only)*

<b>Please explain why this new document needs to be adopted <u>or</u> why this document is no longer required</b>

**Part E – Oversight Arrangements** *(to be used with 'New Policy' only)*

<b>Accountable Director</b>	
<b>Recommending Committee</b>	
<b>Approving Committee</b>	
<b>Next Review Date</b>	

## SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

### SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child / adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

### EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy



## TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

# SUPPORTING ATTENDANCE

Policy Number:	HR 07
Scope of this Document:	All Colleagues
Recommending Committee:	HR Policy Group
Approving Committee:	Executive Committee
Date Ratified:	November 2017
Next Review Date (by):	November 2020
Version Number:	2017 – Version 11
Lead Executive Director:	Executive Director of Workforce
Lead Author(s):	Workforce Transition Lead

## TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

2017 – Version 11

Quality, recovery and wellbeing at the heart of everything we do

## TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

# SUPPORTING ATTENDANCE

## Further information about this document:

Document name	<b>SUPPORTING ATTENDANCE POLICY AND PROCEDURE HR07</b>
Document summary	This policy is aimed at supporting attendance consistently and fairly across Mersey Care. The policy sets out the way attendance will be supported in relation to sickness absence, our responsibilities and accountabilities, and how absence will be reported, recorded and monitored.
Author(s) Contact(s) for further information about this document	<b>Amanda Clough</b> Workforce Transition Lead Telephone: 0151 473 2957 Email: <a href="mailto:amanda.clough@merseycare.nhs.uk">amanda.clough@merseycare.nhs.uk</a>
Published by Copies of this document are available from the Author(s) and via the trust's website	<b>Mersey Care NHS Foundation Trust</b> Kings Business Park Prescot Merseyside L34 1PJ Your Space Extranet: <a href="http://nww.portal.merseycare.nhs.uk">http://nww.portal.merseycare.nhs.uk</a> Trust's Website <a href="http://www.merseycare.nhs.uk">www.merseycare.nhs.uk</a>
To be read in conjunction with	<b>HR04:Leave for Personal or Family Reasons Policy</b> <b>HR07:Supporting Disabled People Policy</b> <b>HR13:Corporate Policy and Procedure on the Prevention And Management of Workplace Stressors</b> <b>HR27:Supporting Staff with mental or physical disabilities policy</b> <b>HR37:Supporting Colleagues Policy</b> <b>Mersey Care NHS Foundation Trust Staff Health and Wellbeing Plan</b> <b>Equality Act 2010</b> <b>Data Protection Act 1998</b> <b>Agenda for Change Handbook</b> <b>NHS Injury Benefit Scheme</b> <b>TUC – Dying to Work Voluntary Charter</b>
<b>This document can be made available in a range of alternative formats including various languages, large print and braille etc</b>	
Copyright © Mersey Care NHS Foundation Trust, 2015. All Rights Reserved	

## Version Control:

Version	Date	Author	Approved by	Ratified by
1	May 2007	Deputy Director of Workforce and Human Resources Business Partners	HR Policy Group	Not Ratified
2	February 2009	Deputy Director of Workforce and Human Resources Business Partners	HR Policy Group	Not Ratified

3	January 2010	Deputy Director of Workforce and Human Resources Business Partners	HR Policy Group	Not Ratified
4	April 2010	Deputy Director of Workforce and Human Resources Business Partners	HR Policy Group	Not Ratified
5	May 2010	Deputy Director of Workforce and Human Resources Business Partners	HR Policy Group	Not Ratified
6	December 2010	Deputy Director of Workforce and Human Resources Business Partners	HR Policy Group	Corporate Procedural Document Review Group
7	October 2011	Deputy Director of Workforce and Human Resources Business Partners	Director of Workforce and Staff Side	Corporate Procedural Document Review Group
8	May 2014	Director of Workforce and Human Resources Business Partner	HR Policy Group	Corporate Procedural Document Review Group
9	July 2015	Director of Workforce and Human Resources Business Partner	HR Policy Group	Corporate Procedural Document Review Group
10	August 2015	Director of Workforce and Human Resources Business Partner	HR Policy Group	Executive Committee
11	September 2017	Director of Workforce and Workforce Transition Lead	HR Policy Group	Corporate Policy Group





**SUPPORTING STATEMENTS** – this document should be read in conjunction with the following statements:

### **SAFEGUARDING IS EVERYBODY'S BUSINESS**

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child/adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the Trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

### **EQUALITY AND HUMAN RIGHTS**

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The Trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The Trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

<b>Contents</b>		<b>Page</b>
<b>1</b>	Purpose	<b>3</b>
<b>2</b>	Rationale	<b>3</b>
<b>3</b>	Principles	<b>3</b>
<b>4</b>	Scope	<b>4</b>
<b>5</b>	Duties	<b>4</b>
<b>6</b>	Definitions	<b>9</b>
<b>7</b>	Types of sickness absence	<b>10</b>
<b>8</b>	Procedure	<b>11</b>
<b>9</b>	Occupational Health	<b>18</b>
<b>10</b>	Medical advice	<b>19</b>
<b>11</b>	Contractual Requirement to attend Occupational Health	<b>19</b>
<b>12</b>	Case Conference	<b>20</b>
<b>13</b>	Reasonable adjustments	<b>20</b>
<b>14</b>	Return to work following long term absence-support/phased return	<b>21</b>
<b>15</b>	Disability – Obligations under the Equality Act (2010)	<b>22</b>
<b>16</b>	Disability Leave	<b>23</b>
<b>17</b>	Ill Health Retirement	<b>23</b>
<b>18</b>	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)	<b>24</b>
<b>19</b>	Confirmed outbreak of transmissible infectious illness	<b>24</b>
<b>20</b>	Consultation	<b>24</b>
<b>21</b>	Monitoring	<b>24</b>
<b>22</b>	Glossary of Terms	<b>25</b>

**The trust is committed to the principles of a Just and Learning Culture which will help support staff with various types of absence e.g. work related absences, in a positive way.**

- 1. Purpose** – This policy is aimed at supporting attendance consistently and fairly across Mersey Care. The policy sets out the way attendance will be supported in relation to sickness absence, our responsibilities and accountabilities, and how absence will be reported, recorded and monitored.
- 2. Rationale** – Mersey Care is committed to improving the Health and Well-being and attendance of our people. The trust wants to ensure it is managing absences in a timely and supportive manner to enable colleagues to return to work as soon as possible.
- 3. Principles**—We value the contribution our people make to our success. So if a colleague is unable to work for any reason, that contribution is missed. The policy explains what is expected from colleagues and managers and how we can work together to reduce absence.
  - 3.1 Colleagues who are ill will be treated sympathetically and every effort will be made to assist recovery and safeguard employment whilst managing sickness in accordance with the policy. It is recognised, that the loss of working days through repeated sickness can be a significant cost to Mersey Care in terms of work not completed or the costs of arranging cover. Repeated absence also places additional pressure on colleagues and can have a negative impact upon service quality and patient experience.
  - 3.2 The Trust recognises that it is inevitable that some colleagues will experience periods of ill health from time to time. The Trust will be sympathetic and supportive towards them and act in a fair, reasonable and consistent manner. Where feasible, colleagues will be supported to resolve issues causing the absence.
  - 3.3 We are all accountable for attending work and for managing our own health. We should raise concerns which are affecting our health to our line manager, Occupational Health or Human Resources. The emotional, psychological and physical effects of ill health will be fully considered.
  - 3.4 The Trust is committed to measuring attendance levels for all colleagues as it is recognised that levels of absence are an indicator of the health and wellbeing of colleagues, the environments that people work in and the performance of the Trust overall.
  - 3.5 In applying the policy and procedure, care must be taken to ensure that colleagues are not discriminated against directly or indirectly. The Equality Act 2010 (referred to as the Act) makes it unlawful for an employer to discriminate against current or prospective colleagues who

have, or who have had, a disability. The definition under The Act is very broad and many health problems may fall into this category.

- 3.6 Ensuring all information is processed and stored in line with the protection of data to make sure there are no breaches of the Data Protection Act. Confidentiality must be maintained at all times by managers and colleagues.
- 3.7 The Staff Support Service is available to colleagues who wish to discuss issues in confidence. Managers should encourage colleagues to use this. In addition colleagues can approach the Occupational Health Department directly to seek advice on work related or other health problems.
- 3.8 Staff Side Representatives have been involved in the development of the policy and representatives will therefore be able to advise employees on their rights and options, as well as representing employees in any formal meetings that are required and informal in exceptional circumstances.
- 3.9 The Trust is responsible for ensuring that appropriate policies and procedures exist and that managers are supported in their implementation. It is also responsible for ensuring that conditions at work serve to promote the good health and wellbeing of the workforce and to enable colleagues to attend work regularly.
- 3.10 The Trust will be responsible for ensuring it complies with health and safety requirements and that mechanisms are in place for the reporting of injuries, diseases and dangerous occurrences (RIDDOR).

#### 4. SCOPE

This policy and procedure applies to all colleagues employed by the Trust.

#### 5. DUTIES

- 5.1 **Chief Executive** – The Chief Executive has delegated responsibility for ensuring compliance with this policy to the Executive Director of Workforce.
- 5.2 **Executive Director** – the lead Executive Director for this policy is the Executive Director of Workforce – who has strategic accountability for:
  - 5.2.1 Developing, implementing and communicating policy to manage attendance at work and to promote the health and well-being of the workforce.

- 5.2.2 Ensuring that effective monitoring information is routinely provided for Directors, Senior Managers, Line Managers and the Board of Directors.
- 5.2.3 Ensuring provision of HR support and advice to line managers in the application of this policy and associated procedures.
- 5.2.4 Ensuring provision of appropriate training for managers.
- 5.2.5 Reviewing the continued relevance/appropriateness of policy and procedure on a regular basis.
- 5.3 **Senior Managers - are responsible for:**
  - 5.3.1 Ensuring absence is managed within area of responsibility.
  - 5.3.2 Promoting the health and well-being of the workforce and the provision of a safe, healthy working environment to enable colleagues to attend work regularly. This will include investigating factors which may contribute to the levels and potential patterns of sickness absence within their area. This may include environmental and/or job related factors. Action must be taken wherever possible to minimise these factors.
  - 5.3.3 Ensuring that this policy and procedure is implemented and monitored across their area.
  - 5.3.4 Ensuring that their operational managers are meeting their objectives and annual targets in supporting the attendance of their colleagues and that this is part of their Performance and Contribution Evaluation (PACE).
  - 5.3.5 Ensuring that where attendance issues are related to disability that the following policy, HR27: Supporting Staff with Mental or Physical Disabilities Policy is adhered to.
  - 5.3.6 Ensuring that local reporting procedures for sickness absence are being adhered to.
- 5.4 **Line Managers - are responsible for:**
  - 5.4.1 Complying with this policy and procedure and for ensuring that all colleagues (including all new colleagues at local induction) understand the standard of attendance the Trust expects and their responsibilities and obligations under the policy regarding attendance.
  - 5.4.2 Establishing and operating local reporting procedures for sickness absence across their area and ensuring these are adhered to.

- 5.4.3 Referring colleagues with either long term sickness absence or short term sickness absence to the Occupational Health Service in accordance with the timescales/triggers outlined in this policy and procedure.
- 5.4.4 Write to colleagues who report unfit for duty due to musculoskeletal or stress/anxiety giving the contact numbers for Staff Support and Occupational Health.
- 5.4.5 Ensuring that where attendance issues are related to disability that the following policy, HR27: Supporting Staff with Mental or Physical Disabilities Policy, is taken into account to support colleagues to maintain attendance, agree reasonable adjustments and obtain support where needed from the Occupational Health Service.
- 5.4.6 Being attentive of health issues relating to an ageing workforce or gender specific absences.
- 5.4.7 Maintaining regular contact with colleagues who are absent, keeping them up to date, offering support and signposting them to support services and monitoring their progress – how this contact is undertaken and the frequency for short term can be agreed between the line manager and colleague however for long term absences should be at least every two weeks.
- 5.4.8 Participating in case conferences for individual attendance issues, to help progress the resolution of periods of absence.
- 5.4.9 Ensuring that fit notes are reviewed and consider if reasonable adjustments suggested can be made to bring colleagues back to work as quickly as possible.
- 5.4.10 Maintaining effective records of absence and actions taken, including updating Electronic Staff Record (ESR), Health Rosters and Staff Variation Lists (SVLs).
- 5.4.11 Ensuring that a “return to work” discussion takes place with the colleague normally within 2 working days of their return to work or as soon as is possible depending on circumstances. (The manager may delegate this task to a nominated deputy).
- 5.4.12 Agreeing performance objectives with their manager against the application of this policy and procedure and including this as part of their PACE.

- 5.4.13 Maintaining a safe working environment and have a duty of care to protect the patients, Colleagues and others within that environment.
- 5.4.14 Having a full understanding of the facts and figures in relation to absence in your work area.
- 5.4.15 Arrange review meetings, sending invite letters and all correspondence linked to supporting the absence to colleagues and copies to be sent to the divisional sickness email account.

**5.5 Human Resources - are responsible for:**

- 5.5.1 Supporting colleagues at all levels in the application of this policy and procedure. This will include providing appropriate training to managers to support them in their responsibilities under this policy.
  - 5.5.2 Monitoring the application of the policy and procedure and timescales to ensure that it is applied equitably, fairly and in a timely manner.
  - 5.5.3 Providing advice and guidance to colleagues and managers to support the attendance at work of colleagues who have a disability liaising with the Equality & Human Rights team.
  - 5.5.4 Attending from stage 3 meetings together with the line manager.
  - 5.5.5 Attending earlier stage meetings with the line manager, where appropriate. Human Resource's role will be to advise managers.
  - 5.5.6 Agreeing an extension to the timeline period – this responsibility would be with the Head of HR.
  - 5.5.7 Maintaining a “live” centralised sickness database and electronic files for all colleagues.
  - 5.5.8 Preparing regular reports, compliance rates, and identifying any outstanding actions and escalate to the Strategic HR Business Partners (SHRBP).
  - 5.5.9 The Divisional SHRBP will produce reports for the management teams within their divisions.
- 5.6. All Colleagues – in line with the Trust values of continuous improvement and accountability are responsible for:-**
- 5.6.1 Attending work regularly and for taking responsibility for looking after their own health and wellbeing

- 5.6.2 Reporting sickness absence in line with the agreed local reporting procedures, and for ensuring compliance with medical certification requirements. A failure to comply with these requirements may result in colleagues being marked as absent without pay, however exceptional circumstances will be taken into account
- 5.6.3 Maintaining regular contact with their manager or designated contact person during periods of sickness absence, including communicating with their manager about estimated duration of absence, reason for absence and when they expect to be fit to return to work.
- 5.6.4 Remaining available to attend meetings, including review meetings and Occupational Health appointments, when absent due to sickness.
- 5.6.5 Being proactive in discussions where absence from work is related to disability issues so that where attendance issues are related to disability the policy, HR27: Supporting Staff with Mental or Physical Disabilities Policy can be taken into account to support them.
- 5.6.6 Having a duty of care to their service users and colleagues and should refrain from work if they have a transmissible infectious illness that could place others at risk. If in doubt advice must be sought from the occupational health department or infection prevention and control department.
- 5.6.7 Raising concern, with their line manager or senior manager. This could be something which is affecting their health or if they do not feel supported or do not believe line managers are fulfilling their accountabilities under this policy. If colleagues feel unable to raise with line manager or senior manager they can seek advice from HR or staff side colleagues.
- 5.7 **Occupational Health and Staff Support - are responsible for:-**
  - 5.7.1 Supporting the health and well-being of colleagues, and in the provision of impartial medical advice to enable managers to deal fairly and equitably with the management of attendance.
  - 5.7.2 Providing a confidential counselling service which is accessible via the Occupational Health department or by self-referral.
  - 5.7.3 Health screening new colleagues consisting of full assessment of past and present medical and any relevant employment history.
  - 5.7.4 Providing advice on matters relating to health at work, expected timescales of absence and measures including reasonable adjustments to consider that may support a return to work.



- 5.7.5 Supporting issues that are related to disability which includes the identification of possible reasonable adjustments that may be made to facilitate a return to work.
- 5.7.6 Identifying if counselling or physiotherapy or any other specialist services are required to facilitate the return to work of a colleague.
- 5.8 **Trade Union Organisations - are responsible for:-**
  - 5.8.1 Providing advice and guidance on the policy to its members.
  - 5.8.2 Supporting members at all formal meetings where requested by its members.
- 5.9 **Equality and Human Rights team - are responsible for:-**
  - 5.9.1 Providing advice and guidance to colleagues and managers to support the attendance at work of colleagues who have a disability.
  - 5.9.2 Provide support and advice to colleagues and managers in regards to reasonable adjustments.
  - 5.9.3 Providing support to the Human Resources team in the monitoring of the application of this policy in relation to fairness and discrimination.

## 6. Definitions

For this policy these definitions will be used:

- 6.1 **Short term sickness absence** - Frequent and separate occurrences of absence which may or may not be related.
- 6.2 **Long term sickness absence** - caused by illness or injury which lasts 4 calendar weeks or more.
- 6.3 **Disability** - Defined by the Equality Act 2010 as is a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. The Act defines long-term in this context as having lasted, or being likely to last for at least 12 months or the rest of the person's life. Substantial is defined as more than minor or trivial. People with cancer, HIV and multiple sclerosis are protected effectively from the point of diagnosis.
- 6.4 **Disability related sickness absence** - This includes time away from work for sickness absence reasons which is due to the impact of a colleague's disability and prevents them from attending work.
- 6.5 **Reasonable adjustment-** The duty to make sure that a person with a disability has, as far as is reasonable, the same access to everything

that is involved in getting and doing a job as a non-disabled person. However the trust where possible will seek to make reasonable adjustments for all colleagues. An adjustment is reasonable to the extent to which it is or might be effective, practicable and acceptable to the requirements of the organisation, affordable or within the means available to the organisation.

- 6.6 **Disability Leave-** absence from work pre-agreed (using HR27: Supporting Staff with Mental or Physical Disabilities Policy) as a reasonable adjustment where an individual needs to be away from work due to their disability.

## 7. Types of sickness absence

Sickness absence falls broadly into two categories:

- Short Term Sickness Absence
- Long Term Sickness Absence

- 7.1 It is important to be able to distinguish between these two categories. However, this policy and procedure is also concerned with supporting attendance overall and therefore short and long term sickness absences are not mutually exclusive. Colleagues will be managed in accordance with the triggers for both short and long term absence, taking into account individual circumstances.

- 7.2 There may also be instances where a pattern of absence may seem unacceptable. Under these circumstances these should be looked at closely over a 2 year period by the manager and advice sought from Human Resources. Examples of patterns may include but are not limited to:

- a) Regular absences on certain days / shifts (e.g. Monday/Friday, first/last shift, earlies, lates, nights or weekend shifts etc.
- b) Regular absences before or after a period of annual leave or following refusal of leave.
- c) Regular absences around school holidays.
- d) Regular absences around spells of good or inclement weather.
- e) Regular absences around public holidays or major sporting events.
- f) Regular patterns around part-day absence (episodes of this should be recorded by the line manager).
- g) Annual patterns – e.g. if absence occurs at a specific time each year.

## 8. PROCEDURE

### 8.1 Stages and Triggers

The key principles for managing attendance are triggers points which lead to the following stages of review to manage the absence:-;

- Stage 1 Absence Review Meeting(Informal)
- Stage 2 Absence Review Meeting
- Stage 3 Absence Review Meeting
- Stage 4 (final hearing which may lead to extension of stage 3 or termination of contract )
- Appeal

8.1.1 Each case of absence that meets or exceeds the trigger levels will be reviewed and addressed by the manager to ensure a colleague is supported to return to work as soon as is possible.

8.1.2 Trigger levels are action thresholds that require a response from managers in regards to meeting with colleagues to provide the relevant and necessary support and ensure everyone knows how attendance will be managed. This helps to ensure there is a framework for managers to work to and ensures consistency across the trust in managing attendance. The application of the stages and trigger levels is, along with required actions by managers defined in the table below.

#### Stages and Trigger Levels\*

Stages	Short Term	Long Term	Occupational Health Referral
Stage 1	<p><b>Trigger:</b> 3 occasions of absence or 10 days (single or cumulative sickness absence in a retrospective rolling 12 month period)</p> <p><b>Review:</b> Colleagues will be reviewed for 12 months and if no further absences then will come off monitoring.</p>	<p><b>Trigger:</b> 4 weeks from the start of the absence</p>	<p>Immediate referral where absence is stress or muscular-skeletal.</p> <p>Short term Where absences are self-certified and there is no medical evidence- the manager may refer or recommend employee self refers to establish any underlying reasons or the</p>

			<p>need for medical treatment.</p> <p>Long Term Where it is not possible to establish a return to work date.</p>
Stage 2	<p><b>Trigger:</b> Within the 12 month review period there is a further 2 occasions of absence or 7 cumulative days since the date of the return to work</p> <p><b>Review:</b> Colleagues will be reviewed for 12 months and if no further absences then will come off monitoring.</p>	<p><b>Trigger:</b> Within 3 months of the start of the absence</p>	<p>Short term</p> <p>Self-referral as per stage 1. Exceptionally the manager may refer to rule out any underlying reasons or need for treatment.</p> <p>Long term</p> <p>Where medical advice is needed to establish prognosis of a return to work.</p>
Stage 3	<p><b>Trigger:</b> Within the 12 month review period there is a further 2 occasions of absence or 7 cumulative days since the return to work.</p> <p><b>Review:</b> Colleagues will be reviewed for 12 months and if no further absences then will come off monitoring.</p>	<p><b>Trigger:</b> Within 5 months of the start of the absence.</p>	<p>Referral required prior stage 3 review meetings for both long and short term absences.</p>
Stage 4 Final Hearing	<p><b>Consider dismissal:</b> Within the review period if there is a further 2 occasions of absence or 7 cumulative days following the return to work</p>	<p><b>Trigger:</b> Within 7 months of the start of the absence</p>	<p>Update required prior stage 4 review meetings for both long and short term absences.</p>

\*These are for guidance and may be discussed with HR

8.1.3 Colleagues who are being managed under this policy who take a break in service – this could be for maternity, paternity, adoption or career breaks will have their stage of monitoring put on hold and it will recommence when they return to work. These will be reviewed on an individual basis.

## 8.2 Documenting Review Meetings

The manager will complete the review meetings form during the meeting which will then be signed by both the manager and the colleague. A copy will either be given at the meeting or sent to home address if unable to copy at that time in a format appropriate to the individual. If a manager feels it more appropriate to send a letter confirming the outcome of the meeting then this is also an option and this will be within 7 working days, using the standard template documents in the Supporting Attendance Toolkit but amending to fit the individual circumstances. Managers must ensure they comply with the Data Protection Act when copying forms or sending letters and check all details before posting.

## 8.3 Right to be accompanied at Review Meetings/Final Hearing

8.3.1 Colleagues have the right to be accompanied, from the stage 2 up to and including stage 4 final hearing as well as at the Appeal stage, by an accredited Trade Union representative or workplace colleague of their choice. The manager must notify the colleague of this right in all correspondence.

8.3.2 In some cases the manager or union representative may decide it is appropriate to invite a HR representative and the colleagues Trade Union representative, or workplace colleague, to an earlier review meeting.

8.3.3 The responsibility of securing Trade Union representation rests with the colleague and where they request the postponement of a scheduled stage 2 or 3 meetings or stage 4 final hearing due to difficulties in organising representation, they or their representative must suggest an alternative time and date, or an alternative representative, normally within 5 working days of the original meeting.

8.3.4 Where the request for a postponement is considered to be unreasonable, the manager may seek advice from the Head of HR and decide whether it is appropriate to proceed with the meeting as arranged, in the absence of the colleague, or organise an alternative date.

## 8.4 Stage 1, Stage 2 or Stage 3 Meetings or Stage 4 Final Hearing

8.4.1 The manager will consider the information below, as appropriate to the circumstances and this will form the basis of discussions at review

meetings and reasonable efforts will be made to provide assistance to enable the colleague to overcome any problems identified.

- a) The absence record and return to work records during the previous 12 months, or 2 years if there are repetitive/recurring problems potentially identified, such as patterns of absence.
- b) The nature, duration and occasions of sickness absence.
- c) Any personal circumstances which may be adversely contributing to poor attendance.
- d) Any on-going disability and reasonable adjustments in accordance with the Equality Act.
- e) Discussion and offer of any appropriate support or assistance.
- f) Discussion of alternative work (applicable to long term sickness)
- g) Consideration of ill health retirement (if applicable).
- h) Whether referral to Occupational Health or Staff Support is appropriate to determine any underlying reasons for absence, or for specific advice relating to the nature and/or duration of absence.
- i) The outcome of any occupational health referrals since the date of the any previous review meeting.
- j) The improvement level required and the next stage that will follow if the improvement/return to work is not achieved and sustained.

8.4.2 The potential outcomes from absence review meetings (excluding long term sickness reviews ) are listed below. (Note: Review meetings for long term sickness will be managed in line with the process outlined in paragraph 8.1.2)

#### 8.4.2.1 **Stage 1**

8.4.2.1.1 Attendance will be monitored and kept under review for 12 months from the date of return from the last occasion of absence.

8.4.2.1.2 Providing our colleague meets the required level of attendance during the stage 1 period they will be taken off monitoring and their manager will write to them to acknowledge this good attendance.

#### 8.4.2.2 **Stage 2**

8.4.2.2.1 Attendance will be monitored and kept under Review for 12 months from the date of return from the last occasion of absence. All or some of the bullet points above may be considered.

8.4.2.2 Providing our colleague meets the required level of attendance during the stage 2 review period they will be taken off monitoring and their manager will write to them to acknowledge this good attendance.

### 8.4.2.3 **Stage 3**

8.4.2.3.1 Attendance will be monitored and kept under review for 12 months from the date of return from the last occasion of absence. All or some of the bullet points on this page may be considered.

8.4.2.3.2 Providing our colleague meets the required level of attendance during the stage 3 review period they will be taken off monitoring and their manager will write to them to acknowledge this good attendance.

### 8.4.2.4 **Stage 4 Final Hearing**

8.4.2.4.1 Having applied this policy and procedure the manager may conclude that service needs are affected and there is no evidence that our colleague will be able to return to work in the foreseeable future or give reliable, sustainable attendance in the future.

8.4.2.4.2 The manager will move to a stage 4 final hearing and the meeting notification letter, to a colleague, will advise that a possible outcome of this final hearing could be dismissal. The manager will produce a report, including a 2 year timeline of the absence(s) and action taken to date, up to date Occupational Health advice and any other supporting documentation deemed appropriate. There may be occasions when it would be appropriate to seek permission from the Head of HR to produce a longer reference period for the timeline. This will be sent to the colleague prior to the review meeting. The colleague will also be able to provide any information that they wish to be taken into consideration at the meeting and will be advised by the manager or the union representative on how to submit this. The manager and colleague will receive copies of each other's information at least 5 working days before the meeting.

8.4.2.4.3 The stage 4 final hearing will be chaired by a manager, who has not had any involvement in the management of the process, and who has the authority to dismiss under the Trust's Scheme of Delegation. A member of the Human Resources Department will be present to support the manager chairing the meeting. All or some of the bullet points on page 14 may be considered.

8.4.2.4.4 If a colleague wishes to provide extra information in the form of a GP or Specialist Consultant report, these should be provided to the chair prior to the review meeting.

8.4.2.4.5 Following a review of all the information presented at the meeting, the manager may dismiss a colleague if they are satisfied that the decision is reasonable under the circumstances. The manager may, as an alternative to dismissal, extend the stage 3 for a further period of up to 12 months.

8.4.3 For some long term sickness stage 4 final hearings, it may be more appropriate to hold an interim review or delay the stage 4 (i.e. if further medical information is expected).

8.4.3.1 In some cases of long term sickness, it may be more appropriate that the process to dismiss or extend the stage 3 is continued by the manager dealing with the case. In these circumstances there must be written delegated authority provided to the line manager.

8.4.4 If the outcome of the stage 4 final hearing is dismissal, the manager chairing the meeting will confirm the reason for the dismissal to the colleague in the meeting and confirm this in writing, stating:

- a) Date notice is effective from.
- b) Any outstanding paid annual leave entitlement.
- c) Final day of service (may be extended by annual leave due).
- d) Amount of paid notice (contractual notice, or statutory notice, whichever is the greater).
- e) Consideration of an application for ill health retirement.
- f) Right of appeal.

## 8.5 Deciding not to proceed to the next stage

8.5.1 The manager may consider exceptional circumstances when it may not be appropriate to move colleagues through to the next stage of the procedure. In these circumstances the manager with the advice of a HR Representative may make the decision not to proceed to the next stage of the procedure thereby allowing our colleague to remain on the same stage for an extended period for up to 12 months.

8.5.2 For example where a colleague is on sick leave awaiting planned surgery for a condition which is directly related to their previous review stage(s) being issued, and this surgery will enable a colleague to return to work.

8.5.3 It will be at the manager's discretion/judgment whether the exceptional circumstance will continue to be accepted. Factors to be taken into account are the continuing length of absence, frequency of absences, Occupational Health opinion, prognosis on a return to work, the impact of making reasonable adjustments, impact on service provision etc.



## 8.6 **Deciding to move directly to stage 4 final hearing before all stages have been followed**

8.6.1 The manager may consider exceptional circumstances where it is appropriate to move directly to the stage 4 final hearing before all the stages of the procedure have been exhausted (e.g. terminal illness- where a colleague has requested this or where occupational health advises that there is no likelihood of a recovery and return to work).

8.6.2 The manager must seek advice from Occupational Health and Human Resources in these circumstances before moving the case to stage 4 final hearing for a decision to be made.

## 8.7 **Appeal**

8.7.1 A colleague has the right of appeal against decisions made at the stage 4 final hearing and must write to the Executive Director of Workforce within 15 working days from the date of the receipt of the letter confirming this, outlining their grounds for the appeal. The appeal should be heard within 12 weeks.

8.7.2 The appeal should be heard by an Executive Director not previously involved in the case supported by a Human Resources representative.

8.7.3 The manager who made the decision at the stage 4 final hearing, to which a colleague is appealing against, will produce an updated report, including timeline of the absence(s) and action taken to date, Occupational Health advice and any other supporting documentation deemed appropriate. This information will be sent to the Human Resources secretary who will coordinate all appeal panels and process including issuing associated documentation.

8.7.4 A colleague will be provided with a copy of the report prior to the appeal meeting. They will also be able to provide any information that they wish to be taken into consideration at the meeting and will be advised by the manager on how to submit this to the Human Resources secretary. The manager and colleague will receive copies of each other's information at least 5 working days before the meeting.

8.7.5 At the appeal hearing the colleague and his/her representative will present their case and the reasons for their appeal. The manager will have the opportunity to ask questions of the colleague.

8.7.6 The manager will present their case and the reasons for their decision. The colleague and his/her representative will have the opportunity to ask questions of the manager.

8.7.7 The Executive Director hearing the appeal will have the opportunity to ask questions of the manager, and the colleague. At the end of the meeting both parties will sum up with the colleague going last.

- 8.7.8 The Executive Director hearing the appeal may make the following decisions:-
- a) To confirm the action already taken, i.e. to uphold the decision made at the review meeting, including dismissal.
  - b) Uphold the appeal and put back onto Stage 3 monitoring with targets set for a further period of up to 12 month.
  - c) To reinstate the colleague, if they were previously dismissed, which will usually include recommendations in relation to continuing the supporting attendance process, including extending the stage 3 monitoring period for a further period of up to 12 months as well as any recommendations for future support and/or reasonable workplace adjustments if appropriate.
- 8.7.9 The Executive Director hearing the appeal will confirm the reason for the outcome to the colleague in writing within 7 working days.
- 8.7.10 There is no further right of appeal within this procedure.

## **9. Occupational Health**

- 9.1 Referral to the Occupational Health Service can be made at any stage but must be made from stage 3 onwards to ensure the trust is providing the right support.
- 9.2 If, during discussion at the stage 1 or stage 2 meetings for long term absence, it is not possible to establish a date of return to work, the colleague will be referred to the Occupational Health Service, unless a referral has already been made.
- 9.3 For short term absences which are of a self-certificated nature and there is no medical evidence to support them, the manager, may refer a colleague to occupational health or recommend that the colleague self-refer to Occupational Health or their GP, in order to establish any underlying reasons or the need for medical treatment. If the colleague self-refers the manager will only receive a copy of the Occupational Health report if the colleague gives permission to do so.
- 9.4 Prior to the stage 3 meeting and stage 4 final hearing, advice should be obtained from the Occupational Health Service. The Manager should advise the colleague that this referral will be made and that a stage 4 final hearing will be arranged when the Occupational Health advice has been received.
- 9.5 The Occupational Health advice should be obtained within 1 months of the planned review/hearing date. However, if the colleague has already been to an occupational health appointment, within the last 3 months

and advice has been given from occupational health, and there have been no changes to the individual's health then a further referral may not be necessary.

## **10. Medical Advice**

- 10.1 The advice of Occupational Health should always be considered alongside any other medical advice provided from other health professionals such as GPs.
- 10.2 If there is a difference in medical advice or opinion, then the advice of Occupational Health will normally take precedence. However if required a case conference can be held between agreed parties as set out in section 12.
- 10.3 Nevertheless, managers are expected to exercise judgment in respect of the appropriate timing of Occupational Health referral and meetings with colleagues based on the individual circumstances (e.g. it may not be appropriate to make these arrangements if the colleague is very seriously ill at that time and could not reasonably be expected to attend).

## **11. Contractual Requirement to Attend Occupational Health**

- 11.1 Colleagues must understand that attendance at Occupational Health is a contractual requirement of their employment when referred by their manager. Every effort must be made to attend the allocated appointment. If circumstances mean that an appointment cannot be kept, the colleague is required to notify the Occupational Health Service directly at the earliest opportunity, so that an alternative appointment can be made. Colleagues must also inform their manager of their reasons for non-attendance.
- 11.2 If a colleague refuses or fails to attend an Occupational Health appointment or comply with these requirements then a manager needs to discuss with the colleague to understand why they have failed or refused to go to Occupational Health. The manager should then work out a plan with the colleague to enable them to access Occupational Health. If the colleague still refuses without acceptable explanation, then they must understand that consideration will be given to the application of the Trust's Disciplinary Procedure as a last resort.
- 11.3 In the absence of an Occupational Health report colleagues will be informed that any decisions relating to the management of their sickness absence, which may include dismissal, will be made on the basis of available information only.

## **12. Case Conferences**

- 12.1 In some instances, it may be beneficial to hold a case conference to bring together parties involved in supporting a colleague who has on going attendance issues.
- 12.2 Any party can request a case conference.
- 12.3 The purpose of a case conference is to provide a platform to discuss on-going barriers and/or enablers relating to the colleagues fitness to work which require collective discussion/actions.

### **13. Reasonable Adjustments and Suitable Alternatives**

- 13.1 Where colleagues are considered by Occupational Health as permanently unfit for their present duties but fit for modified duties or a different job, every reasonable effort will be made to find suitable alternative employment or make suitable reasonable adjustments, within a reasonable period of time. This also includes any recommendations supplied by a medical specialist who is caring for the colleague.
- 13.2 Where suitable alternative employment is recommended every effort will be made to redeploy the colleague, however the colleague will be placed on the Redeployment Register. This will be for a period of up to a maximum of 12 weeks depending on their length of service and notice period. If appropriate the colleague will also be given notice of dismissal to run concurrently with the period they are on the Register.
- 13.3 Whilst the colleague is on the Register the Trust will endeavor to find suitable alternative employment.
- 13.4 There is no onus on the Trust to create a job. If a suitable alternative post is identified and it is at a lower pay band there is no requirement to protect pay, with the exception of where colleagues who have to changed jobs permanently to a job on lower pay due to work related injury, disease or other health condition or if their condition is covered by the Equality Act 2010 and they are not able to carry out the duties of their substantive post, even after reasonable adjustments have been made. If work related colleagues are entitled to receive a period of pay protection that is equivalent to those arrangements described in the Trust's Organisational Change Policy. The cost of the pay protection element will be funded by the Division from which the colleague is redeployed. Therefore, this financial consideration must be borne in mind by both parties in making an offer, or accepting an offer, of what may be suitable alternative employment. If covered by the Equality Act 2010 then full pay may need to be considered.
- 13.5 If colleagues refuse offers of alternative employment, or it is not possible to find any alternative, then employment will normally be terminated with notice in line with section 8.4.4.
- 13.6 If it is clear to the manager and the colleague that at the outset it is not possible to find any suitable alternative employment, or make any of the recommended adjustments then the manager will move to stage 4

final hearing for a decision. The manager will seek advice from Occupational Health and Human Resources before proceeding.

13.7 The Statement of Fitness for Work, (the 'fit note'), provided by GPs may also provide advice about colleagues fitness to work and/or give advice about possible changes that can be made by the Trust to facilitate a return for work which may be in relation to short term as well as long term absences.

13.8 Examples of reasonable adjustments could be, but are not limited to:

- a) Changes to job duties, for example exempting a colleague with a back condition from doing heavy physical work.
- b) Changes to working hours, for example agreeing a reduction in working hours or an exemption from overtime working, allowing a later or flexible start time, or granting more frequent or longer rest breaks.
- c) Transfer to a different workplace, for example moving someone with limited mobility to a ground floor location
- d) Adjustments to procedural requirements, for example allowing a colleague who has returned after a period of sickness absence to take paid time off work to attend regular medical appointments, physiotherapy or rehabilitation.
- e) Modification of premises, for example widening a doorway or relocating door handles or shelves if colleagues have difficulty reaching them
- f) Transfer to another job role
- g) Extension of a phased return to work using annual or unpaid leave.

#### **14. Return to work following long term sickness absence – Supported/phased return to work**

14.1 Where a manager is notified of a colleague's intention to return to work following a period of long-term sickness absence, they may seek advice and guidance from the Occupational Health Department on how to support the colleague to achieve a satisfactory sustained level of attendance in the future and to ascertain their fitness to return to work.

14.2 Occupational Health may recommend a phased return to work on reduced hours and/or adjusted duties. Phased returns will normally be completed within four weeks and in such cases will be on full pay. This may be extended in agreement with the Manager using annual leave to facilitate this as some medical conditions may require a longer phased return to work.

- 14.3 Where Occupational Health does not recommend a phased return to work, a colleague may still request a phased return, using their annual leave to facilitate this. Such requests will be accommodated by the manager wherever possible.
- 14.4 If a manager receives an Occupational Health report or GP Fit note which recommends a return to duty with a phased/supported return to work, which also recommends reasonable adjustments such as amended duties, altered hours or workplace adaptations, the manager must consider the viability of such adjustments. In the majority of cases the amended duties or alternate work place will not last more than 6 weeks, however with management agreement the maximum would be 12 weeks. The amended duties need to be relevant to the colleagues skills set and also allow to phase themselves back into their substantive role.
- 14.5 In exceptional circumstances where the manager cannot make the changes necessary to accommodate the recommended temporary reasonable adjustments medical suspension may be considered. This will be discussed with the Head of HR and if agreed will be on full pay. This decision should be reviewed every 2 weeks after the initial decision. The manager should also consider whether a Case Conference would be suitable under these circumstances.

## **15. Disability – obligations under the Equality Act (2010)**

- 15.1 The Equality Act defines disability for the purposes of the Act as a mental or physical condition which has a substantial and long term adverse effect on the colleague's ability to carry out normal day to day activities. Long term means that the condition must last, or be likely to last for more than 12 months. Managers must take advice from Occupational Health to determine if the colleague's reason for absence is covered by the Equality Act and seek advice from Human Resources on the management of attendance where a colleague is considered disabled.
- 15.2 If a colleague is defined as having a disability under the Act, their sickness absence will be managed in accordance with the Act and reasonable adjustments will be considered. An adjustment is reasonable to the extent to which it is or might be effective, practicable and acceptable to the requirements of the organisation, affordable or within the means available to the organisation.

Examples of reasonable adjustments might include adaptations to the working environment or working arrangements. Workplace assessments and funding for equipment are available through the Access to Work Scheme. Advice should be sought from the Human Resources Department.

- 15.3 In all cases where colleagues have a disability, reference must also be made to policy (HR27): Supporting Staff with Mental or Physical Disabilities Policy. The Trust's Equality and Human Rights Team can also be approached for advice.

## **16. Disability leave**

- 16.1 The manager should consider providing additional paid leave to a colleague who might need to adjust to changes in their life caused by a new or existing disability, such as time off for treatment or rehabilitation.
- 16.2 These periods are usually planned for and will have specific timescales. Where a colleague's disability will increase the levels of disability related sickness, a reasonable adjustment may be agreed to allow a greater level of sickness absence before progressing through the stages of the procedure.
- 16.3 However, all sickness episodes must be recorded and absence review meetings should take place in line with the Policy. For further information refer to policy (HR27): Supporting Staff with Mental or Physical Disabilities Policy.

## **17. Ill Health Retirements**

- 17.1 Colleagues will be eligible to apply for ill-health retirement where they have at least two years' NHS Pensions Scheme membership, and are under 60 years of age, and their GP or Occupational Health have advised that they are permanently incapable of carrying out their duties.
- 17.2 The manager should seek confirmation from Occupational Health that an application for ill-health retirement would be supported.
- 17.3 If this option is being considered, it must be fully discussed between the manager and colleague.
- 17.4 If the colleague decides to proceed with an application for early retirement on ill health grounds, the Form AW33E must be completed by the colleague, HR and Occupational Health. Medical evidence may be submitted by the colleague's own GP/Specialist direct to the NHS Pensions Agency.
- 17.5 Approval for ill-health retirement rests solely with the NHS Pension Scheme Medical Advisers and the decision can take up to three or four months. The Trust may consider dismissal on grounds of capability before the employee has been notified whether an application for ill health retirement has been approved by the Pensions Agency. Dismissal will not affect the Pensions Agency decision.

## 18. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. (RIDDOR)

The Trust is responsible for ensuring that it complies with health and safety requirements and that a mechanism is in place for the reporting of injuries, diseases and dangerous occurrences (RIDDOR).

## 19. Confirmed outbreak by Infection Control of transmissible infectious illness (e.g. Diarrhoea and vomiting or influenza)

19.1 In cases where there is a confirmed outbreak of transmissible infectious illness in a workplace, colleagues who are symptomatic should be sent home by the line manager and/or remain off duty for 48 hours after the last symptoms.

19.2 These episodes should be treated as and recorded as sickness absence, but will not be used to progress a colleague through a trigger.

19.3 This action should minimise and prevent the transmission of infection and protect the service users and other colleagues from the avoidable risks associated with to exposure symptomatic individuals.

Further information is available in IC01: Infection Prevention and Control Policy (IPCP).

19.4 Any colleague who is absent with a transmissible infectious illness or sent home with symptoms of a transmissible infectious illness must remain off duty for 48 hours after the last symptoms.

19.5 When there is no confirmed outbreak by infection control, these colleagues will be managed through the policy and progressed through any triggers as normal.

## CONSULTATION

The following colleagues/groups were consulted in the development of this policy

- Just & Learning Culture Committee
- Recognised Trade Union Organisations
- Human Resources

## MONITORING

Monitoring of compliance with this policy will be undertaken by:	Executive Director of Workforce
The results of monitoring will be reported to:	Board of Directors



## GLOSSARY OF TERMS

Term	Description	Reference
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013	
SVL's	Staff Variation Lists	
PACE	Performance and Contribution Evaluation	
ESR	Electronic Staff Record	
Fit Note	Statement of fitness for Work	