



Managing Attendance Policy (Ill-Health Absence)

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1. Policy statement

- 1.1 Reach South Academy Trust recognises the benefits of a healthy workforce and is committed to promoting health, safety and wellbeing of its entire staff and to supporting and assisting individuals who have health difficulties. Throughout the Trust it is vital that all staff and managers demonstrate commitment to achieve the lowest possible level of absence, by taking an active role in these processes and demonstrating a personal responsibility to own wellbeing.
- 1.2 We value the contribution that our employees make through regular attendance in ensuring effective running of our academies. We understand that each absence is unique and will ensure that absence is dealt with in a supportive, sensitive, fair and confidential manner, with decisions made on a case by case basis and based upon the information available at the time.
- 1.3 This policy has been developed and implemented in consultation with the Trust's recognised trade unions. Where applicable, enhanced TUPE terms in relations to this policy will apply.
- 1.4 This policy does not form part of your employment contract and the Trust may update it at any time in consultation with Trade Unions.

2. Principles

- 2.1 The purpose of this policy is to provide a clear and effective process to ensure equitable, appropriate and sensitive management to help staff maximise their attendance, support staff that are sick to enable as early a return to work as appropriate and to ensure that reasonable and timely action is taken in managing attendance.
- 2.2 This policy should be applied when dealing with an employee's sickness absence. This includes long-term sickness absence, frequent short-term sickness absence or a combination of both. Long-term sickness absence is defined as four continuous weeks or twenty school days or more. Frequent short-term sickness absence takes the form of minor absences that occur more regularly
- 2.3 This policy should not be used when there is alleged unauthorised or fraudulent absence will be treated as a conduct issue and be managed under the Reach South Disciplinary Policy.
- 2.4 Absence not related to sickness, such as special leave of absence, compassionate, bereavement, parental and carers leave are managed under a separate policy. HR will provide guidance on the correct policy.
- 2.5 This policy covers all employees working at all levels and grades (collectively referred to as staff in this policy).

3. Equality and diversity statement

- 3.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

- 3.2 Pregnancy/maternity related sickness Short-term sickness relating to pregnancy or miscarriage will not count towards short-term sickness review point. However, it is advisable that managers meet with staff to provide support and assess their needs. Should staff absence prompt the long-term sickness procedure, managers should arrange supportive meetings in an informal way. HR will provide guidance in such matters.

4. Personnel responsible for implementing the policy

- 4.1 The Trust Board has overall responsibility for the effective operation of this policy, but has delegated day-to-day responsibility for its operation to the Chief Executive Officer and the Director of Human Resources.
- 4.2 Responsibility for monitoring and reviewing the operation of this policy and making recommendations for change to minimise risks also lies with the CEO and Director of Human Resources.
- 4.3 All managers have a specific responsibility for operating within the boundaries of this policy, ensuring that all staff understand the standards of attendance expected of them and taking action when attendance falls below its requirements.
- 4.4 All staff are responsible for the success of this policy and should ensure that they take the time to read and understand it where it applies to them.
- 4.5 Questions regarding the content or application of this policy should be directed, in the first instance to line managers.

5. Roles and responsibilities

5.1 Staff

All staff, who have a contract of employment with the Trust, have certain obligations with regard to sickness absence. Briefly these are:

- To ensure regular attendance at work;
- To be familiar with the arrangements for reporting sickness absence;
- To provide appropriate and timely certification of sickness absence;
- To maintain regular contact with their line manager or nominated person when absent from work;
- To attend medical appointments (e.g. with Occupational Health) to obtain advice regarding fitness for work, as required;
- To co-operate fully in the use of the Trust's Managing Attendance Policy (Sickness Absence);
- Staff should be familiar and aware of their legal responsibilities under the Health and Safety at Work Act. The Trust has adopted a general and a more detailed Health and Safety at Work Policy, available on the Trust's website;
- To safeguard their health and not take part in activities or adopt lifestyles that might have an adverse impact on their health.

5.2 Line Manager

The role of the line manager is critical in ensuring the effective application of this Policy. The line manager is responsible for:

- Ensuring that all staff within their team understand and follow the procedures for reporting sickness absence;
- Managing staff absence in accordance with the Trusts' Managing Attendance (Sickness Absence) Policy;
- Maintaining regular contact with staff on sick leave. Frequency will depend on the nature of the absence;

- Treating all staff who suffer ill-health, confidentially, sympathetically, fairly and consistently;
- Monitoring the attendance levels of staff and taking the appropriate action where necessary;
- Maintaining accurate documentation of absences;
- Informing the Payroll Department of all sickness absences via local processes ensuring the self/medical certificates are received on dates due and that they are processed appropriately;
- Keeping staff who are absent informed of significant changes/events within the team/Trust;
- Involving Human Resources and Occupational Health, as appropriate and in a timely manner;
- Where formal referral to Occupational Health is required, supplying adequate and appropriate information together with specific questions to be answered rather than a general request for advice;
- Ensuring that in dealing with sickness absence the department is complying with the Equality Act (2010) and the Trust's wider policies on equal opportunities and dignity at work, seeking the appropriate advice and support from Human Resources and Occupational Health, as required;
- As far as reasonably practicable ensuring that on the first day of the employee's return to work a Return to Work Discussion is conducted and the appropriate documentation completed.

5.3 **Human Resources Department**

Human Resources staff are available to provide advice and guidance on the application of this policy. Human Resources advice should always be sought prior to issuing any formal warning to ensure a consistent approach. A HR Representative will attend meetings at stages 3 and 4 see section 14 for further details and, if appropriate, the return to work discussion for long-term absence cases.

6. **Occupational Health Service and medical opinion**

- 6.1 The Occupational Health Service offers confidential advice and support to staff, managers and Human Resources during a member of staff's absence. Advice will include the employee's fitness for work and any adjustments at work, which will assist the employee to work or return to work. Advice will be based on knowledge of the illness and the employee's job. In certain circumstances and with the individual's consent, Occupational Health will seek the opinion of the employee's General Practitioner and/or Specialist or arrange an appointment for an independent specialist opinion and the member to staff will be asked to consent to this request.
- 6.2 In the event of a referral from the manager, the manager will confirmed they have discussed the referral with the employee and consent has been provided, Occupational Health will arrange an appointment and send a copy of the report to the employee, manager and relevant HR representative when the consultation has been completed. The employee has the right to see the report prior to it being sent to the manager/HR representative.
- 6.3 Consideration of referral to Occupational Health is recommended at the earliest opportunity in all cases of mental ill-health related absence or long-term absence.
- 6.4 In some cases, managers may decide to request a medical report from a GP or consultant, after seeking consent from the member of staff. In these cases, HR will provide guidance on the process. Furthermore, staff do not need to be on sick leave to be referred by their manager for a medical opinion. If an employee does not

consent to a referral or attend an appointment, decisions about their employment may be made without the benefit of the professional medical advice and guidance that could be provided by a medical practitioner.

- 6.5 Staff are required to complete a consent form prior to being referred to occupational health or their GP. Consent forms are only valid for 12 weeks from the date they are signed. Staff can refuse to consent to an occupational health referral however any decisions in relation to the employee will be made on the basis of the best available information available. Partial consent may be given to access certain information but not other.

7. Reporting sickness absence

- 7.1 Staff should inform their school/line manager of their inability to attend work and the reason for this on the first day of absence. Wherever possible, this should be done in person by the member of staff by telephone and prior to their start time. The specific details of whom to make the phone call to and the timing of the call will be provided by each individual school within the Trust.
- 7.2 In most cases it is preferred staff call to speak to their manager, however, it's understandable that this may not always be possible. Where staff e-mail or text this message will be followed up later by a phone call with the member of staff to offer any support if required or discuss any work matters. Absence should not be reported by anyone other than the member of staff unless there are exceptional circumstances.
- 7.3 Staff will be asked to give a basic indication of the nature of the illness or injury, how long they expect to be absent and will provide details of any outstanding or urgent work that requires attention.
- 7.4 Payments of both Statutory Sick Pay (SSP) and Occupational Sick Pay (OSP) may be withheld where staff fail, without reasonable cause, to follow the correct sickness reporting process and providing the relevant documentation. This would normally only be considered where there is repeated failure despite familiarity with the rules and requirements.
- 7.5 If member of staff stays away from their usual address during the illness, e.g. if staying with a relative or friend, line managers/HR should be provided with alternative contact details or if they do not wish to disclose this information they can request all contact is for example by email.
- 7.6 Staff who persistently fail to report their sickness absence in accordance with this procedure may be subject to disciplinary action in line with the Trusts' Disciplinary Policy.
- 7.7 A Return to Work Discussion must be completed upon the employee's return from all sickness absence episodes, including part-day absences. This should take place before they commence any work duties, as the outcome of the meeting may be that the employee is sent back home on sick leave as they are not genuinely fit to return.
- 7.8 It is recognised that it is not always possible for some managers to complete the Return to Work discussion prior to the employee commencing work duties For example if the line manager does not start work until a later time in the day, however the Return to Work discussion must nevertheless be held on the first day back. If a

Return to work discussion did not take place on the first day, it must be completed as soon as possible. In these cases, the delay and reasons must be documented on the Return to Work record form.

8. Maintaining contact during absence

- 8.1 It will usually be appropriate for the school/line manager to remain in regular contact with staff during periods of absence.
- 8.2 It will benefit both the member of staff and school/line manager to agree the frequency of contact during the absence. Time intervals will be dependant of the circumstances regarding the absence. Contact should be kept to a minimum and geared towards support and facilitating a safe return.
- 8.3 During short-term absence, the member of staff should be in touch daily to provide an update unless an alternative frequency has been agreed with their line manager. If the member of staff has a Fit Note for a specific period of time, they should be in touch prior the last day of the Fit Note to advise whether they are likely to return to work.
- 8.4 Staff should expect to be contacted by their line manager/HR contact to discuss:
 - their well-being;
 - expected length of continued absence;
 - if the school/line manager needs any information regarding their work, this would be in exceptional circumstances.
- 8.5 Contact is intended to provide reassurance and should be kept to a reasonable minimum.
- 8.6 The line manager should be informed of any change to or new information regarding health or progress towards recovery.
- 8.7 If staff have any concerns while absent they should contact their line manager as soon as possible.
- 8.8 Staff are encouraged to talk to their line manager as soon as possible if they consider their absence is connected with the working environment. This will enable the Trust to consider how it can make reasonable adjustments to enable a return to work or consider other options. HR will provide guidance in this matter.

9. Certification requirements and sick pay

- 9.1 Staff who report their absence correctly in line with the policy and who provide the Trust with appropriate certificates will be entitled to two kinds of pay during any period of sickness:
 - a) Statutory Sick Pay
 - b) Occupational Sick Pay

Entitlements to both statutory and occupational sick pay are as detailed in contract of employment and based on correct documentation being provided:

- <1 - 7 days' sickness absence
On returning to work, staff must complete a Trust "self-certificate". The appropriate manager must receive the Self Certificate within eight calendar days of the first day of sickness.

- 8 or more days' sickness absence

On a member of staff's eighth day of sickness, they must produce a Statement of Fitness for Work certificate from their doctor to certify sickness. The responsibility for submitting certificates to their line manager lies with the member of staff.

- 9.2 Staff are able to return to work prior to the date specified on a fit note provided that both employer and employee are in agreement and any necessary support measures are implemented. In some cases, staff may be requested to obtain a signing off note or replacement note from their GP before returning to work. If the GP provides a Fit Note confirming the member of staff 'may be fit for work', the member of staff should inform their school/line manager immediately to arrange a meeting to discuss their needs prior to returning to work. If the line manager is unable to agree to the recommendations, then the fit note will be treated as if it says that the employee is 'not fit for work' and the employee remain on sick leave (and be entitled to any sick pay under the appropriate scheme).
- 9.3 Where the Trust is concerned about the reason for the absence, or in cases of frequent short-term absence, it may require a medical certificate be provided in respect of each absence regardless of duration. In such circumstances, the Trust will cover the cost incurred in obtaining the medical certificate for absences of a week or less, on production of a doctor's invoice.
- 9.4 If the member of staff does not provide a self-certificate and/or Fit Note to cover the whole period of absence, this could result in sick pay being withheld, and the absence may be considered as unauthorised absence which could result in disciplinary action being taken.

10 Annual leave and public holidays

(not applicable to term time staff and teachers – see Leave Policy for further details)

- 10.1 If illness results in the cancellation of a holiday, staff may substitute sick leave for annual leave on production of a medical certificate (from the first day of sickness), provided the normal procedure has been followed for reporting sickness absence on the first day of sickness. Retrospective notification and/or medical certificate will not be accepted.
- 10.2 Staff continue to accrue annual leave whilst sick and where unable to take it in the current holiday year due to sickness absence are entitled to carry statutory annual leave entitlement (20 days pro-rata minus any leave taken in the year) forward to the next leave year.
- 10.3 A member of staff may wish to take a period of annual leave while absent from work due to sickness, for example, to aid their recovery. They should request annual leave in the usual way by following the annual leave process of the school/Trust. The request should then be considered by the manager and, if required, in consultation with Occupational Health. If a member of staff has a pre-booked period of annual leave which falls during a period of long term sickness absence, then they may ask for this holiday to be deferred to a date when they are no longer on sickness absence. Alternatively, if the member of staff wishes to take the leave as it has been previously booked, then, subject to the agreement of the manager and if appropriate, Occupational Health, then this may be taken as annual leave.

10.4 Staff will not be entitled to an additional day's leave if they fall sick on a Public Holiday, which they would have otherwise worked as part of their basic week.

11. Accidents, injuries and infectious/contagious diseases

11.1 If a member of staff considers their illness and/or sickness absence to have been caused by an accident, injury or assault at work, they must explain this when notifying the line manager of their absence (if known at the time). The usual arrangements for reporting and recording employee sickness absence is followed.

11.2 The line manager must take immediate action to satisfy health and safety requirements including recording and reporting the accident by completing an accident form, and consulting with HR.

11.3 Necessary and proportionate actions need to be undertaken to prevent similar accidents in the future.

11.4 If a member of staff is absent due to an infectious or contagious disease such as measles or D&V or they have been advised not to attend school by a medical practitioner because of contact with an infectious disease, they are required to inform their line manager immediately and follow the health and safety measures in place for their place of work.

12 Absence related to cosmetic surgery

12.1 Staff who are requesting time off for elective cosmetic surgery for the purpose of improving appearance will not be entitled to paid leave for the procedure. Staff may be entitled to statutory sick pay if the correct notification and criteria for SSP is met. Term time staff will also be required to seek approval for leave, and it is advisable that such procedures take place during the school holidays. Those staff working 52 weeks per year it may be possible to take annual leave.

12.2 Cosmetic surgery is different from plastic surgery, which is surgery to reconstruct or improve the appearance after injury or illness. In some cases, staff may undergo surgery upon medical advice and in such cases, we reserve the right to request evidence of such medical advice. Where an individual has plastic surgery, sick pay will be paid.

12.3 Those staff who are undertaking gender reassignment surgery will be entitled to paid time off in line with their occupational sick pay entitlement.

12.4 The line manager is entitled to ask for evidence of appointments, such as appointment cards, and letters that outline the expected recovery period to allow the school to plan accordingly.

13. Other employment

13.1 If a member of staff is absent on sick leave it is likely to be unacceptable that they undertake any work for another employer or on a self-employed basis including voluntary or unpaid work. Exceptions could include part time workers who are absent from the Trust due to work stress here but are continuing their other job as this is not the cause of the stress illness. Or voluntary work that has a positive and healing effect on their general wellbeing and mental health. It will depend on the situation and the reasons for the sickness absence. This will be subject to assessment on case by case basis. Abuse of the sick pay arrangements may be deemed fraudulent behaviour and may result in disciplinary action depending on the circumstances.

- 13.2 There may be exceptional cases where staff are permitted to work and this would require the approval of HR. Managers will be required to seek advice from their HR Business Partner in these circumstances.

14. Absence related to bereavements or parental/carer's responsibilities

- 14.1 Please refer to the Leave Policy and Family Leave Policy for instances of absence due to a bereavement or emergency and ensure that the reason for this absence is recorded correctly rather than being classified as sickness absence.

15. Ill health retirement (IHR)

- 15.1 The Trust will consider a member of staff's eligibility for IHR before consideration is given to dismissing them for lack of capability due to ill health. In cases where it is believed an application will be successful the Trust will pro-actively support such an application.
- 15.2 IHR for all employees in the Local Government Pension Scheme (LGPS) must be certified by an independent occupational health adviser. For teachers, applications are assessed by medical advisers appointed by the Department for Education.
- 15.3 If the member of staff has been granted ill-health retirement, either agreeing an end date, in the case of teachers, or explaining that their case will now need to be referred to a Final Attendance Review Meeting for lack of capability due to ill health, in the case of support staff. Support staff cannot access benefits under their pension scheme until they have been formally dismissed.

16 Return to work discussion

- 16.1 A return to work discussion should be carried out after every period of absence regardless of the duration or the reason for the absence, ideally this should be done first thing upon their return to work to ensure they are well enough to be in work. There is a clear procedure for return to work discussions outlined on the return to work form.
- 16.2 All return to work discussion should be confidential. A summary of the discussion should be made and agreed by the line manager and member of staff and recorded on the Return to Work form.
- 16.3 If, during discussion with the member of staff, the line manager thinks they are not fit for work, they should instruct them to go home and help them make transport arrangements if necessary. This will be classed as sick leave. The line manager should also advise the employee to see their GP as soon as possible. In these circumstances, the employee will receive pay under their appropriate sick pay scheme.
- 16.4 Where an employee feels uncomfortable discussing the nature of their absence with their line manager, they may ask to discuss the matter with another manager instead or a HR representative. Any such request will not be unreasonably refused.

17 Sickness absence management procedure

- 17.1 When a member of staff's absence record meets any one of the following absence review points, the sickness absence management procedure must be followed. These review points are:

- Three or more separate episodes of sickness absence within three calendar months (an episode is any period of sickness absence lasting a working day or more);
- Five or more separate episodes of sickness absence within twelve calendar months (an episode is any period of sickness absence lasting a working day or more);
- Nine or more days of sickness absence within twelve calendar months;
- Patterns of absence, including part-days such as a member of staff who is repeatedly on sick leave on certain days or at certain points in the year.

17.2 The previous 12-month period is calculated from the first day of the current absence.

17.3 These indicators do not include absences which are for reasons other than sickness, e.g. absences due to injury at work or pregnancy and disability related absences.

17.4 Staff may enter the process at an escalated level if:

- Within 12 months of their start date with the Trust an employee meets any one of the above review points they may enter the process at an escalated level, up to and including Stage Four Final Review;
- There is a pattern of repeated absences, review periods and spent improvement notices.

17.5 Stage 1 Informal Meeting

17.5.1 Once a review point has been hit stage 1 will be commenced. The Return to Work (RTW) discussion form is completed and it is recorded that a stage 1 informal review meeting has taken place by completing the appropriate section on the RTW form.

17.5.2 This stage acts as an indicator to staff that their absence is causing concern and that monitoring has commenced. The member of staff's attendance will be monitored for a period of 13 weeks, in the form of an Attendance Improvement Plan, with the objective set of an acceptable improvement in their attendance. Staff will be advised about the implications of a lack of improved attendance and the possibility of receiving a formal improvement notice.

17.5.3 If there is further absence during the review period but satisfactory improvement has been demonstrated, then an informal absence review meeting will be undertaken as part of the Return to Work discussion. Where staff absence continues to be above the review point, the member of staff would continue to be monitored until their absence rate falls below the Trust review point levels.

17.5.4 If there is a further absence during the review period and the member of staff has failed to demonstrate satisfactory improvement then the employee will be required to attend a Stage 2 Formal Attendance Review Meeting.

7.6 Stage 2 Formal Attendance Review Meeting

17.6.1 The member of staff will be invited, in writing, to attend the meeting with their manager, giving at least five working days' notice, to discuss their absence. Also present at this meeting will be an HR representative to support the process.

17.6.2 Staff will have the right to be accompanied at the meeting by a Trade Union representative or by a workplace colleague.

17.6.3 Prior to the meeting, the manager will review the member of staff's up-to-date absence record and any associated documents in preparation for the meeting. The line manager may want to seek advice from HR prior to the meeting.

The discussion at the meeting will include:

- a) accuracy of member of staff's absence record;
- b) Review of Attendance Improvement Plan;
- c) any further factors which may have arisen and contributed to the levels of absence;
- d) any 'non-medical' issues which may be contributing to the absences.
- e) the reasons for the member of staff's frequent short-term sickness absence and what external support they are receiving;
- f) any mitigation or reasons raised by the employee
- g) the extent to which the employee's attendance levels have had an impact on fulfilling their role.

17.6.4 If after discussion, the manager considers that there has not been a satisfactory improvement in attendance the member of staff may be issued with a formal improvement notice and the monitoring period extended. This improvement notice will remain live for a period of 12 months. The outcome of the meeting will be confirmed in writing within five working days of the meeting. If the manager is satisfied that improvement has been made, then there is no further action and monitoring will continue.

17.6.5 The member of staff's attendance will continue to be monitored closely for a period of 13 weeks. The consequences of not achieving a satisfactory improvement must be clearly indicated, this will involve consideration of the issuing of a final formal improvement notice. If this is the case, the employee will be invited to Stage 3 Final Attendance Review Meeting.

17.6.6 If there is further absence during the review period but satisfactory improvement has been demonstrated, then an informal absence review meeting will be undertaken as part of the Return to Work discussion.

17.6.7 Where still review pointing, the member of staff would continue to be monitored until their absence rate falls below the Trust review point levels.

17.6.8 If there is further absence during the review period and the member of staff has failed to demonstrate satisfactory improvement they will be required to attend a Stage 3 Formal Attendance Review Meeting.

17.7 Stage 3 Formal Attendance Review Meeting

17.7.1 The member of staff will be invited, in writing, to attend a meeting with their manager, giving at least five working days' notice, to discuss their attendance. Also present at this meeting will be an HR representative to support the process.

17.7.2 Staff will have the right to be accompanied by a Trade Union representative or by a workplace colleague.

17.7.3 This meeting will be conducted as the Stage 2 Formal Attendance Review Meeting. If after discussion, the manager considers that there has been no improvement in attendance the member of staff the following options are available to the manager following the meeting:

- a) A Final Formal Improvement Notice will be put in place, with an Attendance Improvement Plan for no more than 13 weeks. The Final Formal Improvement Notice will remain live for a period of 18 months.
 - b) In some circumstances, line managers can consider re-issuing a Formal Improvement Notice at this stage instead of Final Formal Improvement Notice. This will extend the formal notice by a further 12 months.
- 17.7.4 If after discussions, the line manager feels that improvements in attendance levels has been made, then there is no further action. The Formal Improvement Notice remains until it expires.
- 17.7.5 If after this meeting, there are further absences during the review period but satisfactory improvement has been demonstrated, then an informal absence review meeting will be undertaken as part of the Return to Work discussion. Where still review pointing, the member of staff would continue to be monitored until their absence rate falls below the Trust review point levels, or
- 17.7.6 If there is further absence during the review period and the member of staff has failed to demonstrate satisfactory improvement they will be required to attend a Stage 4 Decision Meeting. It will be necessary at this point to obtain an up-to-date Occupational Health assessment if one has not already been obtained. The case should not be progressed to the Decision Meeting without up to date Occupational Health advice.
- 17.8 Stage 4 Decision Meeting
- 17.8.1 The member of staff will be invited, in writing, to attend a meeting (known as a Decision Meeting) with their manager, giving at least five working days' notice, to discuss their attendance. In addition, present at this meeting will be an HR representative to support the process.
- 17.8.2 Staff will have the right to be accompanied by a Trade Union representative or by a workplace colleague.
- 17.8.3 If after discussion, the manager considers that there has been no improvement in attendance the member of staff the following options are available to the manager following the meeting:
- a) Writing to the employee to explain the extent to which their attendance levels still fall short of what was agreed despite the support put in place during the Formal Attendance Monitoring Period. The letter should also warn the employee that the case will now be referred to a Final Attendance Review Meeting and advised the member of staff that this meeting may lead to termination of employment due to capability ill health and unsatisfactory attendance.
 - b) If the line manager feels that improvements in attendance levels have been made during the Formal Attendance Monitoring Period but not enough to justify taking no further action, a Final Formal Improvement Notice will be re-issued and will remain live for a period of 18 months.
 - c) In some circumstances, line managers can consider re-issuing a formal improvement notice at this stage instead of final formal improvement notice. This will extend the formal notice by a further 12 months.

- d) If the line manager feels that improvements in attendance levels has been made, then there is no further action.

17.8.4 The manager will confirm in writing within five working days the outcome of the Decision Meeting, providing a summary of the key points discussed (including updated AIP where appropriate), and confirmation of outcome.

17.9 Final Attendance Review Meeting

17.9.1 Staff must be informed of the Final Attendance Review Meeting date in writing at least 10 working days before the meeting is due to take place. Copies of any relevant documents will be included with the letter.

17.9.2 The letter will indicate that termination of their contract, due to capability ill health owing to failure to meet the required levels of attendance in line with the Trusts' Managing Attendance (Sickness Absence) Policy may occur.

17.9.3 The dismissal of a member of staff on the grounds of ill-health capability or unsatisfactory attendance should be a last resort only after all other options have been fully considered and after adjustments have been considered to support their continuing employment.

17.9.4 In preparation for the meeting, the current medical advice should be sought from an occupational health provider. The latest medical advice should timely and relevant to the member of staff's medical condition, in which case new medical advice will not be necessary.

17.9.5 The member of staff will have the right to be accompanied at the final attendance review meeting by a Trade Union representative or a workplace colleague. It is useful to agree a date with the member of staff's representative before sending the formal notice. The member of staff may suggest an alternative time and date for the hearing as long as it is reasonable and is not more than five working days after the original date. The line manager may reject the suggestion but will only do so if it is unreasonable, and they may proceed to hear the case in the employee's absence. Advice on what is reasonable must be sought from a HR.

19. Long term absence management

19.1 The long term absence review point is:

- a continuous absence due to sickness lasting 28 days (including non-working days and weekends)

19.2 When a member of staff has been absent for 28 consecutive days or indicates that this is likely to be the case, the manager must seek advice from HR and arrange an **Informal Review Meeting** (welfare meeting) with the member of staff, if appropriate. Depending on the circumstances, consideration should also be given to a referral to Occupational Health.

19.3 At the review meeting the member of staff may be accompanied by a trade union representative or work place colleague. The purpose of the meeting will be to review progress, discuss any support and identify any reasonable adjustments to facilitate a return to work.

19.4 The outcome should be an agreed 'action plan' detailing all reasonable steps to be taken to deal with the situation fairly and accomplish a return to work. This is important to ensure that all parties are clear on the options available, discussed and

agreed any necessary requirements for action and expectations of each party to achieve the return.

- 19.5 After the initial welfare meeting, further informal meetings may be arranged with the employee to discuss and re-evaluate the situation. The latest medical information, whether from a fit note, occupational health or other relevant consultants/medical specialists as appropriate, will be essential to discuss appropriate action and should form the basis of regular communication between the employee and the line manager.
- 19.6 If a member of staff is too unwell or otherwise unable to attend a meeting at the workplace or would prefer not to do so, a virtual meeting (or telephone call) should be agreed to enable the meeting to go ahead. Staff too unwell to attend any meeting, even a virtual meeting, they may need to provide a doctors' note stating this. Consideration should then be given as to whether it is possible and reasonable to conduct the meeting at the person's home or through a nominated person. These options would only apply in exceptional circumstances.
- 19.7 At every stage, the manager will need to outline the options available, steps to be taken and potential timescale. If the date of return cannot be determined or is not expected for a prolonged period, it is for the manager, with advice from Occupational Health and HR, to decide what timescale would constitute a reasonable period for a return to work. This will take into account not only the individual circumstances, but also operational needs and in particular the effects of continued absence on colleagues and students.
- 19.8 If the line manager has established that a return to work date remains unknown or uncertain, the member of staff will be invited to a Decision Meeting. The purpose of the meeting will be to review all of the evidence and to gauge if, and when, the member of staff is in a position to return to work based on latest medical advice and/or the member of staff's own views. Following the discussions, the line manager will consider the options available. These may include:
- Setting up a date for a return to work meeting with the member of staff as a return to work is now possible within a specific reasonable timescale;
 - Setting a further period to allow for additional management support. This option to be supported with a warning that if the employee is unable to *guarantee* a return to work date within a reasonable defined period, then the case may be referred to a Final Attendance Review Meeting for the consideration of future employment;
 - Confirming to the member of staff that their case will now be referred to a Final Attendance Review Meeting for lack of capability due to ill-health on the basis that there is no prospect of their return within a reasonable timeframe and that all reasonable alternatives to dismissal have been considered.

20. Phased return to work

- 20.1 When a member of staff returns to work after a prolonged period of absence the manager should arrange an initial return to work discussion prior to their return date and then ensure that follow up discussions occur as necessary. A HR representative may be present to support the meeting. A programme of support following the phased return should also be considered where appropriate.

- 20.2 A phased return is suitable for staff where there is a realistic expectation that they will be able to return to their current post, hours and full duties. The phased return may be for one or a combination of the following:
- A period of reduced hours working in the substantive post;
 - A period of less demanding duties in the substantive post.
 - A period of time working in a different capacity to their substantive post
 - Or following recommendations from occupational health
- 20.3 A manager can agree a phased return with the member of staff for a period of no more than four weeks. Occupational Health or a GP can recommend a phased return for a longer period at their discretion but this should not exceed a total of 3 months and approval from HR sought.
- 20.4 Staff will receive their full contractual pay during the phased return period for the first four weeks. Any period beyond this will be assessed on a case by case basis and the employee may be required to utilise unused annual leave or sick pay for an agreed period.
- 20.5 If after the agreed period of phased return, or a maximum of eight weeks, the member of staff is still not able to fulfil the obligations of their substantive post, they will be remunerated for the adjusted role/hours that they are currently performing only, even if this is a temporary arrangement. In addition, the member of staff will be invited to a Decision meeting, to review whether they will be able to return to their substantive post. See Decision Meeting.

21. Equality Act 2010 – reasonable adjustments

- 21.1 The Equality Act 2010 contains provisions that require employers to ensure that they make reasonable adjustments to the working environment or the duties of a post to prevent disabled employees from being disadvantaged. It may be beneficial to involve outside agencies such as the Job Centre Disability Advisor, Access to Work or Remploy, for advice if appropriate.
- 21.2 In some cases, redeployment to a role on a lower grading or less hours may be considered as a reasonable adjustment. Pay protection may be applicable on a limited period, please see the Trust's Management of Change Policy for further details.

22. Final absence review meeting

- 22.1 If it is evident that the member of staff will not be able to return to their substantive post the manager must arrange a final review meeting where a decision can be made on the appropriate way forward. Staff must be informed of the final review meeting date in writing with at least 10 working days' notice, reminding them of their right to representation and that termination of their contract due to capability may be an outcome. During this final review the manager may consider the following relevant courses of action:
- Reasonable Adjustments - with advice from Occupational Health, if appropriate, the manager should consider what, if any, reasonable adjustments could be made to the member of staff's substantive post to allow a return to work.
 - Redeployment - on the advice of Occupational Health, redeployment may be considered on the grounds of ill-health. There must be a suitable role available at the time this option is considered.

- Ill-health retirement (IHR) – the Trust will consider a member of staff's eligibility for IHR before consideration is given to dismissing for lack of capability due to ill health. In cases where it is believed an application will be successful, the Trust will support such an application.

23. Termination of contract

- 2.31 Where a member of staff is not able to return to their substantive post and all other options as indicated above have been exhausted, then their contract may be terminated on the grounds of capability due to ill health. The Trust will provide any reasonable support to the employee at this time.

24. Appeals procedure

- 24.1 Staff will have the right of appeal against the decision to issue them with a formal or final improvement notice. Staff will also have the right of appeal against the decision to dismiss them under this policy. Please see the Trust's Appeals Policy for further guidance.

25. Critical illness

- 25.1 The Trust believes it has a responsibility to support staff affected by a critical illness and will be as flexible as possible in its approach, bearing in mind each individual's personal circumstances and the needs of the Trust.
- 25.2 When a member of staff is aware that they have a critical illness and the likely impact it will have on their work, they should advise their line manager. This is important to ensure that the line manager can provide the member of staff the appropriate support.
- 25.3 As soon as it is possible and appropriate to do so the line manager should meet with the member of staff and HR representative to discuss:
- Arrangement for time off for treatment;
 - The likely impact of the treatment on the member of staff's ability to work and whether they want colleagues informed of their condition;
 - Referral to Occupational Health for advice on the member of staff's illness and recommendations for returning to work and time off.
- 25.4 The member of staff is entitled to have a Trade Union representative or work colleague with them at any meetings they attend.
- 25.5 The Trust will respect a member of staff's wish for privacy and confidentiality concerning their personal circumstances. At the same time, the Line Manager will need to make arrangements to cover any periods of sickness absence effectively.
- 25.6 In the case of a long period of absence, the line manager and HR should ask the member of staff if they wish their colleagues to keep in contact with them to keep them up-to-date on work matters and, if so, the frequency of the contact. Staff should also be given the option of having regular discussions by phone or in person to review how their absence is being managed.
- 25.7 It is recognised that in some situations when a member of staff returns following treatment for a critical illness on a lengthy period of recovery, a phased return may need to be modified according to individual circumstances.

- 25.8 If a prognosis is given that means the member of staff's illness is likely to be terminal, they may decide that they are unable to continue to attend work. In these circumstances, the Trust will consider a member of staff's eligibility for IHR. In cases where it is believed an application will be successful, the Trust will support such an application.

26. Mental health

- 26.1 It is helpful for managers to educate themselves about the conditions in question. Most people have a lower level of general knowledge about mental health conditions than they do about physical illness, which can result in misconceptions or poor handling of a situation, and there are lots of resources available to assist greater awareness.
- 26.2 In the case of work related stress, it is advisable that an informal meeting can be arranged with the member of staff and their line manager to discuss the review points for the stress and ways forward to support the member of staff. HR may attend this meeting and the member of staff may request for their trade union representative or work colleague to attend.
- 26.3 Communicating with staff during their absence may be considered fair and appropriate absence management and can be beneficial to the member of staff so that they do not feel isolated or ignored. However, care needs to be taken if the member of staff's illness is due to mental health or work-related stress and due regard needs to be made as to whether the member of staff is happy to have such updates.
- 26.4 Equally, discretion may need to be applied in respect of who to communicate and meet with when a member of staff is absent with a mental health condition. Ordinarily this would be the individual themselves supported by a trade union representative or workplace colleague but in some circumstances a nominated person could be a clinical professional or a family member or friend both for meeting support and general communication.
- 26.5 If the reason for absence is a severe and enduring mental health illness recognition of the challenges of returning to work need to be remembered. Although it is improving, there is still a stigma around mental health problems. Many people with mental health issues still feel discriminated against because of their illness, which can make them feel worse and make it harder to recover. This social stigma is a concern for people off work with a mental health problem. Fear of bullying or social exclusion can delay their return or even prevent them returning at all.
- 26.6 Managers should keep up-to-date with further support available and alternative services and courses that may be accessed (this is true for both physical and mental health issues). They should take opportunities to have 'healthy' conversations and signpost staff and support them in accessing appropriate courses and services.
- 26.7 When staff return to work after a period of absence due to their mental health or work related stress, it is important to set up a programme of continued support such as regular one to one meetings with their manager or under taking a stress risk assessment. Managers can seek support from HR in this matter.

27. Health concerns unrelated to absence

- 27.1 Whilst the vast majority of cases considered under this procedure will relate to attendance, there may be cases of employees who are attending work but who

appear to be unfit because of a particular medical condition. These matters will be dealt with under a case by case approach. In these matters, the HR Business Partner will provide guidance on the best approach.

- 27.2 In some cases, these medical conditions may lead the relevant pension scheme to grant ill-health retirement. However, it should not be assumed that an employee is unfit for work just because they suffer from a particular medical condition.
- 27.3 If the manager becomes aware of behaviour that affects negatively the member of staff's ability to fulfil their duties, and this appears to be linked to a medical condition, advice should be sought from HR. Depending on the circumstances, it may be advisable for the employee to be asked to go home and to make an appointment with their GP and also refer the employee to occupational health. In this case, the line manager will meet with the employee to explain what has been observed and the reasons for asking them to go home and to make an appointment to see their GP. Informal discussions are the best way of managing cases of this nature and formal meetings should not take place unless advice has been sought from HR.
- 27.4 Depending on the medical advice provided, in some cases it may be necessary to complete a risk assessment to enable a member of staff to return to work.
- 27.4 In some cases, Medical Suspension may need to be considered and advice has been sought from HR.

28. Medical suspension

- 28.1 In some circumstances, the Trust can make the decision to suspend a member of staff on medical grounds. Where medical suspension is considered, the Trust will first undertake a search for alternative duties that would be suitable for the member of staff to perform temporarily in an attempt to ensure their attendance at work is maintained. Where no suitable alternative is found the member of staff will be medically suspended
- 28.2 During the suspension period, the Trust may seek further expert medical opinion on the member of staff's condition, either occupational health or in some cases a medical report from the member of staff's GP.
- 28.3 Any such suspension will be on full normal pay and may be lifted after advice has been sought from a GP or an Occupational Health Adviser. If the employee is not well enough to return to work, advice will be sought from HR with regards to options such as consideration for ill health retirement or termination of employment upon the grounds of capability – ill health.

29. Review of policy

- 29.1 This policy is reviewed as required by Reach South Academy Trust in consultation with the recognised Trade Unions.
- 29.2 This policy will be reviewed every three years, earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.
- 29.3 We will monitor the application and outcomes of this policy to ensure it is working effectively.

POLICY HISTORY

Policy Date	Summary of change	Contact	Implementation Date	Review Date
October 2018	Trade Union consultation	All Recognised Trade Unions	October 2018	September 2021
September 2021	Review of policy - HR_16	HR	N/A	N/A
December 2021	Consultation with all recognised Trade Unions	All Recognised Trade Unions	N/A	N/A
February 2022	Implementation of new policy	HR	February 2022	February 2025