





LIGHTHOUSE SCHOOLS PARTNERSHIP

MANAGING ATTENDANCE POLICY Non-Statutory

Policy Approved by the Board of Trustees	
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Document History

Version	Author/Owner	Drafted on	Comments
1.0	Tara Phillis	08.09.2016	Based on North Somerset Policy
1.1	Konstantinos Perdikis	13.05.2020	Scheduled review and update of policy

This Policy applies to all schools and employees within the Lighthouse Trust Partnership

Review cycle	Triennial
Review date	September 2026

MANAGING ATTENDANCE POLICY

Non-Statutory

1. INTRODUCTION

The Lighthouse Schools Partnership continuously reviews the way in which it provides education and services. This policy sets out the process, which the Lighthouse Schools Partnership Trust (hereafter referred to as the 'Trust') will follow when there is a need to manage staff attendance. The principles underlying this policy are to provide a fair approach to reduce both the likelihood of long term or high absence, to ensure the wellbeing of our staff.

The Board of Trustees value the contribution made by all of our staff to the teaching and learning of pupils and the day-to-day running of the Trust. While we recognise and accept that staff may be prevented, from attending work through ill health from time to time, the Trust has a duty to deliver on-going education to pupils and to minimise disruption caused from absences. This policy, together with the procedures and procedural guidance set out the Trust's framework for supporting the health and attendance of all staff, outlines the role that individuals, managers, Headteachers, Occupational Health and the Trust's HR Team play in maximising attendance.

It is our policy to:

- ensure the good health, safety and well-being of all staff and pupils;
- help managers and individuals to deal positively with health matters;
- support staff who are unwell;
- support staff who are or who become disabled in making reasonable adjustments to working conditions;
- have recognised procedures for managing attendance which treat everyone fairly and consistently;
- respond to the causes and consequences of absence on teaching and learning and service provision;
- minimise the disruption caused to pupils and staff from absences; and
- comply with our legal responsibilities in respect of health matters.

2. ROLE OF INDIVIDUALS

The Trust expects all members of staff to support their own health and that of their colleagues by:

- taking reasonable care of their health and seek medical help whenever appropriate;
- informing the Headteacher/line manager of any medical condition which might put themselves, pupils, other staff or members of the public at risk;
- informing the Headteacher/line manager of any work situations which could adversely affect their health;

- reporting any work-related accident or injury immediately to the Headteacher/line manager and following the school's accident reporting procedure;
- reporting any absence to their line manager or other designated individual and complying with the Trust's reporting procedures for sickness absences. Messages should not be left with a colleague;
- keeping the Trust's HR Team informed at all stages with written communications and updates in relation to any matters of concern.
- where appropriate informing their line manager or other designated individual of progress while on sickness absence and of their likely return to work date;
- ensuring that the Trust has up-to-date contact details for them for landline, emails and mobiles;
- completing a self-certification form or submitting a medical certificate from their doctor promptly, as appropriate *[a doctor's certificate is required for all absences from the 8th consecutive day or longer and continuations must be received before the expiry of the previous medical note or as soon as possible; for term time only staff these notes need to continue throughout school holiday periods];*
- co-operating with the Managing Attendance Policy and Procedures, including attending any meetings with the line manager or other designated individual, and any appointments with the Occupational Health Service (OHS), as appropriate.

3. **ROLE OF THE LINE MANAGER**

The line manager, or other designated individual, have primary responsibility for the health and well-being of all/or identified staff and for the day-to-day management of their attendance in Trust. The line manager will support staff and manage attendance in the following ways:

- ensure that new staff have completed a pre-employment health questionnaire and where appropriate are considered medically fit by the OHS to carry out their jobs;
- ensure that staff receive appropriate induction training and fully understand their roles;
- promote and take steps to ensure that staff have a reasonable work/life balance;
- inform staff about the services of the Employee Assistance Programme and of the Occupational Health Service *[information about these, including contact details, are detailed in the MANAGING ATTENDANCE GUIDANCE AND TOOLKIT in this policy, page 10];*
- inform staff about the reporting sickness absences and managing attendance procedures and ensure that they are followed and applied consistently;
- record and monitor sickness absences and take action when an individual's attendance is causing concern;
- intervene at an early stage to actively support a member of staff showing signs of ill health, especially stress, to prevent a deterioration in their health and a long-term absence;

- arrange to maintain regular and reasonable contact with staff on sickness absence in a supportive way;
- conduct return to work discussions with staff, with the Trust's HR Team where appropriate, following sickness absence to support their return to work;
- carry out health and safety risk assessments, as appropriate, particularly following long-term absence or during pregnancy and after maternity leave;
- make reasonable adjustments to an individual's job or workplace to help them to return to or remain at work at the discretion of the Headteacher and taking into account the needs of students; particularly in accordance with any identified disability [*detailed guidance on this is contained in the MANAGING ATTENDANCE GUIDANCE AND TOOLKIT in this policy, page 10*].

4. **ROLE OF TRUSTEES or LOCAL GOVERNING BODIES**

The Trustees and LGB's have overall responsibility for ensuring that the Trust has policies and procedures in place to meet its health and safety responsibilities. The Trustees are also empowered to take decisions on dismissing staff on health capability grounds and to consider appeals against such decisions.

5. **ROLE OF THE OCCUPATIONAL HEALTH SERVICE (OHS)**

Guidance about making referrals to the Occupational Health Service and further information about this service is included in the MANAGING ATTENDANCE GUIDANCE AND TOOLKIT in this policy, page 10.

The role of the Occupational Health Service (OHS) is to provide independent occupational medical advice on employee health-related matters. The purpose of the advice is to help the line manager to take informed management decisions on health matters and to support staff that may be experiencing health issues. All referrals are actioned through the Trust's HR Team who must be informed at the earliest opportunity if a referral is required. The types of situation when a staff referral will be made to OHS may include (although is not limited to) advice sought on:

- the health of an individual on long term sickness absence and actions to support their return to work;
- the health of an individual where their level of sickness absence is affecting their performance at work;
- supporting an individual with any health concerns;
- supporting an individual with a disability and making adjustments to their job/ environment;
- medical redeployment and ill health retirement.

6. **ROLE OF THE EMPLOYEE ASSISTANCE PROGRAMME**

All staff have free, confidential, 24 hour access through the Employee Assistance Programme to a range of advice and information support services, including:

- telephone counselling from fully qualified counsellors;
- face to face counselling support;

- access to the provider’s health and well-being website and online services;
- general information, similar to Citizen Advice services, covering a range of areas such as consumer’s issues, money management, family relationships, self-help organisations. In exceptional circumstances, the Trust could decide to fund or partially fund sessions to support an employee plan for returning to work.

7. **ROLE OF THE TRUST’S HR TEAM**

The role of Trust HR Team is to support Headteachers/line managers and Trustees by:

- advising on the Managing Attendance Procedures and best practice on health absence management;
- making referrals to the OHS;
- making referrals to the Employee Assistance Programme for face-to-face counselling;
- assisting with the provision of staff sickness absence data;
- advising Trustees’ panels and appeal panels on procedural matters; and
- providing specialist employment law advice.

8. **PROCEDURE FOR MANAGING SHORT RECURRING SICKNESS ABSENCE**

8.1 Step 1 - Return to Work Discussions

Line managers will hold return to work discussions with staff following all periods of sickness absence of three days or more, or if there is a recurrence of 3 absences of 1-2 days, to ensure the member of staff is fit to be back at work and to allow any opportunity to record any information pertinent to the absence.

These discussions do not always need to be documented (although this is recommended) and effort should be made to resolve the issue informally. However, the line manager should use their professional discretion as to whether a more formal discussion is necessary and whether written notes should be made. In cases where absence is likely to be repeated, or if there are subsequent medical appointments/hospital consultations required, a formal record is required. If notes are to be made, written confirmation of this and a discussion held with the employee confirming this, must be forwarded to Trust’s HR Team with a copy of the notes for the file. The purpose of the discussion is to support the individual back to work and to enable any preventative action to be taken before health issues arise or escalate. ‘Return to work’ discussions are not part of the formal managing attendance procedure but adhere to the Health and Safety Executive’s duty of care principles for employers.

8.2 Step 2 - informal meeting to manage short/recurring sickness absences

The line manager will hold a meeting with a member of staff when their attendance gives cause for concern. This may be due to the total number of days absence over a period of time, or the number of separate absences, or the pattern of absence, such as on a particular day of the week or when management meetings are scheduled.

The purpose of this meeting will be to share concern about the individual's attendance, to give them the opportunity to discuss any matters affecting their attendance, to consider support measures and to set out the improvement required with timescales. Consideration will be given to whether guidance should be obtained from the Occupational Health Service or whether the individual would benefit from other support, such as counselling. The individual has the right to be accompanied.

Short-term recurring sickness absences can often be an indicator of things not being right for an individual either at work or in their personal lives. One of the main reasons for having suggested trigger points is to highlight such absences to enable further consideration and support to be given. This may prevent an individual's health deteriorating and avoid longer periods of absence.

The example trigger points for holding a meeting are:

- 7 or more days of absence within the preceding six-month period (pro-rata for part-time staff as appropriate); or
- 4 or more periods of absence (including single days) in the preceding 6-month period; or
- 10 days or more of continuous absence.

The member of staff, where appropriate, will be provided with a written record of any improvement in attendance required together with the timescale and the action to be taken to help the individual. *[An example of an attendance plan is contained in the Managing Attendance Guidance, Appendix 3].*

8.3 Step 3 - Formal attendance meeting

If a satisfactory level of attendance is not achieved in the required timescale, the Headteacher/line manager, with the Trust's HR Team will hold a formal attendance meeting with the individual. It is preferred that advice is sought ahead of this meeting from the Occupational Health Service, through the Trust's HR Team. The individual has the right to be accompanied to the formal attendance meeting.

The Headteacher/line manager, along with the Trust's HR Team will consider all the information, including any medical advice from the Occupational Health Service, any representations from the individual and will reach a decision on whether to issue a first notice of improvement about the individual's attendance. Notices of improvement will normally contain the following elements:

- a statement of the level of absence and management concerns about its effects;
- the potential consequences for the member of staff of a continuing high level of absence;
- confirmation of any support to be given to help the individual's attendance;
- a review date;
- a statement of how long the notice of improvement will remain active; and

- an explanation of the individual's right of appeal to a Trustee.

Where attendance remains unsatisfactory, the Headteacher/line manager will hold a second formal attendance meeting with the individual. They will consider whether to issue a final notice of improvement.

8.4 Step 4 - Trustees' or LGB panel

If within two years of a final notice of improvement being issued the individual's sickness absence continues to be unacceptable, a Trustees' or LGBs' panel will be held to consider their dismissal. The panel can decide:

- to take no further action;
- to review the position again after a period of time;
- to dismiss on the grounds of capability due to ill health.

8.5 Step 5 - Appeal panel

The individual has a right of appeal to a different panel of Trustees against a decision to dismissal.

Please read this procedure in conjunction with Managing Attendance Guidelines which supplements the procedure. There is a separate procedure for dealing with shorter recurring absences [see Section B].

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PROCEDURE FOR MANAGING LONG TERM SICKNESS ABSENCE

9.1 When an individual's continuous sickness absence reaches 4 weeks (other than for stress related leave where the trigger point for a referral to Occupational Health should be 3 weeks), the Headteacher/ line manager will request the member of staff come to a meeting to review the situation with the individual. This may occur earlier when it is known that the absence will last for more than 4 weeks, or when early OHS intervention may be beneficial to the individual. The Headteacher/line manager will inform the Trust's HR Team at this point of the length of absence, reason, date and time of the meeting, and it may be appropriate for a member of the HR Team to be present at the meeting. The individual may wish to be accompanied by their trade union representative/workplace colleague to the meeting. The review will normally involve the Headteacher/line manager arranging a meeting at a mutually convenient time and venue to discuss the following matters with the individual:-

- confirming/clarifying the nature of the sickness absence;
- the expected duration of the absence and a possible return to work date;
- discussing and arranging a referral to the OHS provider;
- any concerns or issues that either the Headteacher/line manager or the individual has concerning the absence;
- any assistance to support an early return to work e.g. supported/accompanied visits to the workplace, rehabilitation, temporary or permanent redeployment;
- any other support that the Trust can give to the individual;
- a copy of this procedure.

9.2 First formal review meeting

If the absence continues for 3 months, the situation will be reviewed again and the procedure above repeated. If at this stage there is still no return to work date and advice has not yet been sought from OHS, this should now be done as a matter of course. The individual should be given a copy of this referral and made aware of the next steps.

9.3 Second formal review meeting

If the absence continues for 6 months and despite all the efforts of the individual and the Headteacher/line manager, and with the specialist advice and support from Occupational Health, there is no prospect of a return to work in the foreseeable future, a further formal review meeting will be held with the individual, Headteacher and HR. The individual has the right to be accompanied at the formal review meeting by a trade union/professional association representative or a friend not acting in a legal capacity. All options will be explored, which could include:

- modifications to their job;
- temporary or permanent medical redeployment; or
- ill health retirement.

In instances where the Equality Act applies, consideration should be given to a further review meeting.

9.4 Trustees' or LGB panel

If there is still no prospect of a return to work in the foreseeable future, the individual will be advised that the matter will now be referred to a Trustees' or LGB panel to consider dismissal on the grounds of capability due to ill health. The individual will also be notified of their entitlement to obtain a second medical opinion. The panel can decide:

- to take no further action;
- to review the situation again after a period of time (or on receipt of further medical information); or
- to dismiss on grounds of capability due to ill health.

9.5 Appeal panel

The individual has the right of appeal to a different panel of Trustees against a decision to dismiss. Please refer to the Appeal procedure.

10. CALCULATION OF ABSENCES FOR PAYROLL

For reason of payroll all absences for Teaching and Support staff will be calculated in hours.

MANAGING ATTENDANCE

GUIDANCE AND TOOLKIT

SECTION A - GENERAL

The following guidance should be read in conjunction with the Policy and Procedures for Managing Attendance. The guidance provides additional clarification about matters that may arise under the procedures and gives sources of support for Headteachers/line managers and for staff.

1.0 Communicating policy and procedures with staff

To ensure that absences are handled appropriately, it is important that everyone knows and understands their responsibilities under the Managing Attendance Policy and Procedures. The Headteacher/line manager should take steps to publicise them and to ensure that they are applied consistently. Managers will need to give individuals a copy of the Managing Attendance Policy and Guidance when any formal action is initiated.

2.0 Reporting sickness absences

2.1 Staff also need to have a clear understanding of how they should report sickness absences and what other information that they need to provide, such as any essential work that has to be covered while they are absent. **It is not acceptable to leave a message OR a text message with a colleague or on an answerphone simply stating “I won’t be in today”.** The member of staff needs to give their manager a clear timeframe of when they expect to return to work and should keep them updated throughout their absence.

2.2 Doctors’ medical certificates are required for absences of 8 calendar days or more. Any periods of sickness absence longer than 8 days which are not covered by a GP’s certificate will be treated as unauthorised absence. If the member of staff does not submit a GP’s certificate/or further certificate, the Headteacher/line manager (or designated person) will telephone the person to clarify the position and to request that they submit a certificate. If the Headteacher/line manager is unable to make contact with the member of staff by telephone, they should write asking the member of staff to contact them by a specified date and stating that if they do not hear from them within 5 working days and/or if a medical certificate is not received within this period, the absence will be treated as unauthorised and the individual’s pay will be stopped. This could also result in formal action being taken.

2.3 If the Headteacher/manager has any concerns about the well-being of a member of staff, they should contact Trust's HR Team for further advice. A home visit may be appropriate in some cases.

2.4 Trust-based staff who are signed back fit to return to work during a Trust holiday, should send a copy of their medical certificate to Trust's HR Team to ensure that they are paid correctly.

3.0 Sources of Support

3.1 The following services are available to support staff with their health and well-being. Early intervention is often beneficial, so please consider at an early stage whether assistance can be provided by any of these organisations.

Occupational Health Service

3.2 The Trust uses a private OHS provider to advise on the impact of an individual's health on their work and attendance, appropriate reasonable adjustments to make to a job or environment in relation to a health matter, phased return to work arrangements and risk assessments for staff returning to work following a long absence. Referral forms need to be completed by the Headteacher / line manager and the Trust's HR Team, who will submit to the OHS provider.

Employee Assistance Programme

3.3 The Trust uses an Employee Assistance Programme is run by the Westfield Healthcare who provides a free, confidential telephone counselling service on a range of work-related, personal and health matters. The service is available 24 hours - 7 days per week on 0800 092 0987. It is also possible to arrange face to face counselling by management referral through The Trust's HR Team. Please quote scheme number 70114 when you call.

Access to Work

3.4 Access to Work provides specialist guidance and financial assistance to support the recruitment and retention of staff with disabilities. They can provide partial funding for the purchase of specialist equipment or to help with transport to/from the workplace. They may also assist with the rehabilitation of staff back into the workplace following long absences due to illness. Contact www.gov.uk for more information.

Teacher Support Network

3.5 Teacher Support Network is a national charity for teachers. It provides a free, confidential helpline offering practical and emotional support. Tel no: 08000 562561. Website: <https://www.educationsupport.org.uk/>

Trust's Health and Safety Support

3.6 The Trust provides advice on the its's legal responsibilities under health and safety legislation, including conducting health and safety risk assessments through its Estates Leads and through a contract with a competent Health and Safety Advisor. For more information please refer to the School Business Manager/Headteacher.

Trade Unions and Professional Associations

3.7 Trade unions and professional associations can provide support to their members about attendance matters, including accompanying staff at formal meetings and Trustees' panels - see paragraph 4.0 below on right to be accompanied. A full list of union contacts can be found on the LSP Gateway or from the School Business Manager/Headteacher within each school.

4.0 Right to be accompanied

4.1 The member of staff has the right to be accompanied by a trade union/professional association representative or a friend (not acting in a legal capacity) at any of the formal meetings held under the Managing Attendance Procedures. The member of staff does not have an entitlement to be accompanied at a 'return to work discussion'. Nevertheless, the member of staff can ask to be accompanied and the Headteacher/line manager can agree to this request, provided that this does not delay the meeting.

5.0 Making referrals to the Occupational Health Service (OHS) Provider

5.1 The Occupational Health Service (OHS) can provide advice to the Headteacher/line manager on the following matters: *[this is not an exhaustive list]*.

- whether a member of staff is/will be medically fit to undertake their full duties;
- whether there are any health matters (either temporary or permanent) which affect the individual's ability to carry out certain tasks and whether adjustments can be made to their job or environment to accommodate these;
- the likely duration of a period of sickness absence, whether a phased return to work is advised and recommendations about what might be appropriate;
- support measures the Trust can put in place, such as counselling;
- whether an individual's level of sickness absence is due to an underlying health condition or disability;
- suitability of medical equipment to assist staff while at work;
- whether an individual would be fit to carry out a new role if medically redeployed;
- whether early retirement on ill health grounds is recommended;
- whether the sickness could be the result of an industrial injury.

5.2 The usefulness of the advice provided by the OHS is largely dependent on the thoroughness of the referral. Please ensure that all relevant information is included, such as a brief overview of the person's role, a chronology of the absence(s), how the ill health is impacting on their job, with examples, a summary of any action taken, as well as the member of staff's full sickness absence record and a copy of their job description. Include any specific questions in the referral that you want answered, such as "Will the member of staff be fit to resume work from 1 September?" A copy of the detailed guidance notes on completion of a referral form are at Appendix 4. The referral form can be found on Folder in LSP Policies\HR Policies, Forms, Templates & Letters\Occupational Health

5.3 The person completing the referral form should be careful not to express their own personal opinion about the situation, instead give examples of how the health situation is impacting on the member of staff's job. Give a factual account rather than hearsay. For example, do not say "X is going through an emotional crisis" Do say "X has cried at work on several occasions recently over minor matters which is out of character for them. His/her manager has reported that he/she often appears distracted and the manager has had to repeat requests/instructions, as X has forgotten what has been said. Again, this is untypical behaviour for him/her."

5.4 The Headteacher/line manager should discuss the reasons for the referral with the member of staff and give them a copy of the completed referral form. If there are any concerns about the emotional well-being of the individual, contact the Headteacher, senior manager or The Trust's HR Team. A list of frequently asked questions about OHS referrals is attached at Appendix 5. A copy can be given to the member of staff together with the map of where the OHS is located. In exceptional cases, where a member of staff is seriously ill or has a significant mobility problem, it may be possible to arrange for an Occupational Health doctor to visit them at home.

5.5 Appointments with the OHS are scheduled during normal working hours from Monday - Friday. If a member of staff is at work, they will be given (paid) time off work to attend. The School/Trust will pay for normal travelling expenses. Term-time only staff cannot normally be required to attend appointments during school holidays, but they should not be precluded from attending appointments should they wish. If the Headteacher/line manager has particular concerns about a delay in an individual being seen by the OHS they should contact the Trust's HR Team.

5.6 Members of staff are requested to attend OHS appointments when deemed appropriate. If an individual refuses to attend an appointment without good

reason, formal action may be considered. In addition, any management decisions in relation to their sickness absence would be taken without the benefit of medical advice, which could be to their detriment. However, before getting to this stage it is important to discuss with them the reasons why they do not want to attend. Often this is due to staff being worried about what is involved and can be resolved when they are informed about the process. In such cases, trade union/professional association representatives and the Trust's HR Team can also be of assistance in allaying fears about what is involved.

5.7 Referrals have to be submitted via the Trust's HR Team. Appointments may take up to 3 weeks so it is important to make referrals in good time. If scheduling sickness review meetings with staff, as it is helpful to have up-to-date OHS advice when reviewing an individual's absence. If an urgent appointment is required, this should be requested on the referral form and the Trust's HR Team should be informed so that they can try to secure an early appointment date.

5.8 The OH report [*in the form of a letter*] is normally received by the Trust's HR Team about one to two weeks after the appointment date and is then forwarded on to the Headteacher. In urgent cases, it may be possible to have this information sent within a couple of days of the appointment date. The OHS provider will advise the member of staff what they will be covering in their report and the member of staff is automatically sent a copy in advance of the Trust's HR Team. It is recommended that Headteachers/line managers share the contents of the report with the member of staff through a meeting/discussion - although the employee needs to have given consent for the employer to see a copy of the report and will already have had a copy sent direct to their home address. If no action is required, this should be documented in writing and copy sent to Trust's HR Team. If action is required, a summary of what has been agreed should also be put in writing and a copy forwarded to the Trust's HR Team. The individual should always be given a copy of the report for any formal review meeting.

5.9 The contents of the OHS report are confidential and are intended only for the Headteacher, and the LSP HR Team. The report should only be shared further with other staff on an essential need to know basis. The Headteacher/line manager should have appropriate systems in place for receiving and filing confidential OHS reports through the Trust's HR Team.

6.0 Access to medical records

6.1 The access to medical records consent form is often misunderstood by members of staff and can cause unnecessary worry. The two common misconceptions are that:

i) a member of staff needs to sign a consent form in order to agree to attend the OHS and, if they do not sign the form, they cannot be referred. *[This is not the case. The consent form is not about agreeing to attend an OHS appointment. Please see paragraph 6.2 below].*

ii) by signing the form, the member of staff is agreeing for their full medical history to be released to the Headteacher/line manager. *[This is not the case - please see paragraph 6.4 below].*

6.2 The OHS doctor may ask an individual to give their consent for the OHS to contact their GP for some more information about their current health condition. This ensures that the OHS doctor has full and accurate information to make their medical assessment. This may arise when an individual is being seen/or is due to be seen by a specialist or consultant or when someone is waiting for surgery. The OHS doctor will explain the reasons for wanting this information at the appointment.

6.3 The member of staff does not have to give their consent. If they refuse this request, the OHS doctor will make an assessment on the basis of the information that is already available.

6.4 If the member of staff gives their consent, they can elect to see their GP's reply before it is sent to the OHS doctor and to comment on it. The OHS doctor will then take this additional information into account when making his/her medical assessment. This may involve summarising in their OH report some of the information provided by the GP. It is important to stress that the role of the OHS doctor is to consider the implications of someone's health for their job and any information provided by a GP will be used in this context only.

7.0 Dealing with stress

7.1 Stress is experienced when people are unable to cope with the pressures and demands placed on them. It is a major cause of long-term sickness absence for staff in the workplace. Some stress-related absences will undoubtedly be caused by matters outside of work, such as bereavements, marital breakdowns, financial difficulties, and so on. Nevertheless the Trust has a legal duty of care to protect the health and well-being of all staff at work and to provide a safe working environment.

7.2 All staff need to be aware of possible sources of work-related stress and everyone has a responsibility to take positive action wherever possible to eliminate or manage the effects.

7.3 Possible causes of work-related stress are:

Job demands

Examples include:

- excessive workload or too little work,
- unrealistic deadlines,
- having to deal with challenging behaviour,
- regularly having to perform work outside of own job,
- lack of understanding about what is expected.

Control over work

Examples include:

- lack of control over volume of work,
- deadlines,
- skills not utilised,
- opinion not sought or not valued,
- fear of redundancy.

Organisational culture

Examples include:

- poor systems of communication,
- lack of consultation or engagement with staff,
- ‘blame’ culture,
- ‘long hours’ culture.

Working relationships

Examples include:

- poor management,
- staff treated differently,
- lack of recognition,
- inappropriate or threatening behaviour tolerated.

Working environment

Examples include:

- lack of resources
- cramped or inferior accommodation,
- dangerous or threatening working environment,
- little natural light,
- too hot/cold.

Training and support

Examples include:

- lack of induction and training,
- lack of guidance and support in challenging situations,
- poor work/life balance.

7.4 Headteachers/line managers need to be mindful that everyone reacts to pressures in different ways. Situations which some members of staff will thrive on or manage easily, will present difficulties for other staff. Managers play an important role in detecting early signs of stress in staff. Some examples are given below, although not everyone who is exhibiting one or more of these symptoms will necessarily be experiencing stress. If the manager is concerned

that a member of staff is showing signs of stress, they should talk to the individual in private to establish whether any steps can be taken to support them or prevent them from becoming ill. They should remind the individual of the Employee Assistance Programme which provides a free, confidential helpline available 24 hours a day on 0800 092 0987 (quote scheme number 72114).

7.5 Possible symptoms of stress include:

- increase in sickness absence;
- change in behaviour (for example poor timekeeping);
- poor (or deteriorating) work performance;
- physical/emotional symptoms (for example tearfulness, mood swings);
- breakdown in working relationships.

7.6 If a member of staff is signed off work with stress, or any emotional condition such as anxiety or depression, the Headteacher/line manager should make an early referral to the Occupational Health Service to help support them. This would normally be after 3 weeks' absence or it can be sooner if the initial medical certificate is for a longer period.

8.0 The Equality Act

8.1 The Equality Act (2010) covers the treatment of people with disabilities and sets out legal obligations for employers to prevent discrimination. It is important for us to be familiar with these requirements to ensure that disabled staff are treated fairly and positively. The legislation defines a disability as:

A person has a disability if:

- the person has a physical or mental impairment
- the impairment has a substantial and long-term effect on his ability to carry out normal day-to-day activities.

8.2 This covers many health conditions. As stated above, employers have a statutory duty to make reasonable adjustments to help support a member of staff to remain in work. Employers are also legally required to promote disability equality and have a disability equality scheme. The Trusts Equality and Diversity Policy is in LSP Gateway for your referral.

9.0 Attending medical appointments

9.1 Where possible, routine medical appointments should be taken outside of normal working hours or during school holidays, annual/time off in lieu. When members of staff are able to demonstrate that these appointments unavoidably occur during working hours, they may be granted paid time off to attend.

Attempts should be made to arrange appointments at times which cause the least disruption, such as at the end of the day.

9.2 Staff with hospital or clinic appointments, where the timing of the appointment is beyond their control, will be granted paid time off to attend. Staff are required to provide as much advance notice as possible of these appointments as well as evidence of the appointment.

10.0 Medical suspension

10.1 If a member of staff returns to work having being signed fit by their GP, but the Headteacher/line manager has serious concerns that they are still unfit for work and/or they pose a health and safety risk to themselves, other staff or pupils, the individual will be sent home on the grounds of “medical suspension.” *[This is not the same as being suspended under the disciplinary procedure].* They could be asked to return to see their GP and/or an urgent appointment could be arranged with the Occupational Health Service.

10.2 During the period of medical suspension and prior to receipt of the medical opinion from the OHS, the member of staff will receive their normal salary paid by the Trust. The period of medical suspension will end when a view is given by the OHS about the fitness of the individual to return to work. If the OHS confirms that the individual is not fit to return to work, sickness absence payments will apply for any further period of absence, which will be classed as continuous.

10.3 In the rare scenario that the individual’s GP disagrees with the view of the OHS, the individual will continue on medical suspension until the disagreement is resolved. This may involve seeking a third independent medical opinion.

11.0 Entitlements to sick pay during a disciplinary suspension

[Disciplinary suspension is different to medical suspension above].

11.1 If a member of staff is suspended as part of a disciplinary investigation process, the entitlement to sick pay overrides the entitlement to full pay during a period of suspension and therefore pay will be reduced according to the normal rules of sick pay entitlement. This means that if someone becomes ill during a disciplinary suspension, they must submit medical certificates in the normal way. If their entitlement to sick pay at full pay rate ceases, they will go on to half/no pay as appropriate.

12.0 Occupational sick pay entitlement

12.1 Occupational sick pay entitlement is based on local government continuous service. The entitlement is different for teaching and support staff as shown below.

For Teachers

Length of service	Full pay entitlement	Half pay entitlement
During the 1 st year of service	25 working days	50 working days (after completing 4 months service)
During the 2 nd year of service	50 working days	50 working days
During the 3 rd year of service	75 working days	75 working days
During the 4 th and successive years of service	100 working days	100 working days

For Support Staff

Length of service	Full pay entitlement	Half pay entitlement
During the 1 st year of service	1 month	2 months (after completing 4 months service)
During the 2 nd year of service	2 months	2 months
During the 3 rd year of service	4 months	4 months
During the 4 th and 5 th years of service	5 months	5 months
More than 5 years' service	6 months	6 months

Note: for the purpose of this scheme a month equals 26 days excluding Sundays.

13.0 Work-related injuries

13.1 For teaching staff, work-related injuries cover “absence due to accident, injury or assault attested by an approved medical practitioner to have arisen out of and in the course of the teacher’s employment subject to the production of self-certificates and/or doctors’ statements from the day of the accident, injury or assault up to the date of recovery”. For support staff, this covers “industrial disease, accident or assault arising out of or in the course of employment”.

13.2 Absences for work-related injuries are calculated separately to other sickness absences and, as a result, staff may be eligible for enhanced occupational sick pay entitlements.

13.3 It is therefore important that staff report all instances of injury or accident at work at the time of the accident and the Headteacher/line manager ensures

that it has been formally reported. The school/Trust should also ensure that absence is recorded as industrial injury.

13.4 In addition, support staff may qualify for special financial arrangements under the Injury Allowance Scheme (this does not apply to teachers). For further details, please contact the Trusts' HR Team.

SECTION B - PROCEDURAL GUIDANCE ON HANDLING SHORT RECURRING SICKNESS ABSENCES

14.0 Return to Work Discussions

14.1 Line managers should conduct Return to Work Discussions with members of staff following all periods of sickness absence of three days or more, or if there is a recurrence of 3 absences of 1-2 days to support the individual back to work and to enable any preventative action to be taken before problems arise. These discussions do not always need to be documented (although this is recommended) and effort should be made to resolve the issue informally. Normally this will be held on the individual's first day back. Discussions should take place in private to allow matters to be discussed openly and should be handled sensitively. A 'return to work form' is attached at Appendix 1. Any action points can be recorded on this form.

14.2 Return to work discussions do not need to be lengthy or onerous. Managers should adopt a common sense approach to them. For example, a discussion following several days' absence for a cold, may only take a few minutes, whereas a discussion following a month's absence for work-related stress will be more detailed.

14.3 Return to work discussions do not form part of any formal procedure and as such staff do not have any entitlement to be accompanied by a trade union representative or friend. However, they may attend by agreement provided that this does not delay the discussion.

14.4 Areas that *could* be discussed include:

- welcoming individual back to work;
- updating the individual on work issues;
- finding out the reason for the absence and discussing any underlying causes;
- confirming that they are well enough to carry out their duties;
- considering whether any temporary adjustments need to be made to their role;
- considering whether a health and safety risk assessment needs to be conducted or whether an existing assessment needs updating;
- establishing if any work-related factors are causing or exacerbating the illness and whether any changes can be made to remedy them;
- finding out whether future absence is likely;

- giving the individual the opportunity to raise any concerns or other matters;
- considering whether the individual would benefit from an Occupational Health Service referral or counselling;
- obtaining the GP's medical certificate or arranging for a self-certification form to be completed;
- reminding the individual of the role of the Employee Assistance Programme and providing contact details, if appropriate.

15.0 Attendance plans

15.1 Where there are concerns about a member of staff's attendance, the Headteacher/line manager should meet with the individual to share their concerns and the impact that their absence is having on their work/colleagues. The individual will be given the opportunity to raise any matters affecting their attendance and any support measures will be considered. The Headteacher/line manager will then set out the improvement required with clear timescales. One way of setting out management expectations for attendance, how this will be monitored and the consequences of failing to meet the expectations is through an 'Attendance Plan'. In effect, the member of staff is making a commitment through the Attendance Plan to achieve a certain level of attendance. An example of an Attendance Plan is given at Appendix 3. It can be tailored to suit different circumstances and is useful for dealing with staff that have recurring short-term absences.

16.0 Conducting Formal Attendance Meetings

16.1 When a member of staff's attendance remains unsatisfactory, the Headteacher/line manager should hold a formal attendance meeting with them. The individual will need to be given a minimum of 5 working days' notice in writing of the date of the meeting and advised of their right to be accompanied. A model letter informing a member of staff of a formal attendance meeting is attached at Appendix 6. The letter should include copies of the following:

- the Managing Attendance Procedure and Procedural Guidance;
- their sickness absence record;
- the expected outcomes that have not been met; and
- any relevant correspondence.

16.2 It is helpful to have a second person attend the formal meeting with the Headteacher/line manager to take a note of the meeting and to witness what has been said and the agreed outcomes.

16.3 The meeting should normally cover:

- the Headteacher/line manager explaining their concern that the individual's level of absence is affecting their ability to perform their duties effectively

and/or is impacting on the teaching and learning of pupils/ the running of the school/Trust;

- discussion about the advice received from the Occupational Health Service;
- the member of staff being given every opportunity to respond to the concerns, including encouragement to raise any particular personal or work circumstances that may have an influence on the situation;
- the Headteacher/line manager exploring whether there are any further ways in which the member of staff can be assisted to improve their attendance;
- the possible outcomes of the meeting.

16.4 The Headteacher/line manager will consider all the relevant circumstances. If it is a first formal attendance meeting they may decide to issue a first (sickness absence) notice of improvement. If the individual has already received a first notice of improvement within the last 12 months, a final (sickness absence) notice of improvement may be issued.

16.5 Notices of improvement will normally contain the following elements:

- a statement of the level of absence and management concerns about its effects;
- the potential consequences for the member of staff of a continuing high level of absence;
- confirmation of any support to be given to help the individual's attendance;
- a review date;
- a statement of how long the notice of improvement will remain active; and
- an explanation of the individual's right of appeal to the Headteacher/Trustee about the issue of a notice of improvement.

16.6 The Headteacher/line manager may, in appropriate circumstances, also require that a member of staff provides medical certificates from their GP for absence of less than eight days, making it clear that the Trust will reimburse any costs of the certificate on submission of a receipt. Such a decision will be for a time-limited period consistent with the stated review period. In these circumstances where a certificate is provided, the absence will be paid. The absence will also be paid if the employee provides written evidence from their GP that the GP will not provide a certificate. In other circumstances, the Trust reserves the right to deduct pay, in which case the member of staff will be given the option to pay back their pension contribution for the day(s).

16.7 In cases following the issue of a first notice of improvement, where during the review period the member of staff's absence remains at an unacceptable level, a further formal attendance meeting will take place and a decision made as to whether a final notice of improvement should be issued. The individual

should be told that failure to achieve satisfactory attendance will result in a Trustees panel being convened to consider their dismissal.

16.8 If within two years of a final notice of improvement, the member of staff's sickness absence continues at an unacceptable level, a Trustees panel will be arranged and a decision made as to whether the individual should be dismissed on grounds of capability due to ill health. Up to date occupational health advice should be available for the Trustees' panel, where possible.

16.9 For advice about holding a Trustees panel, refer to Section C paragraph 23.

SECTION C - PROCEDURAL GUIDANCE FOR HANDLING LONG-TERM SICKNESS ABSENCES

17.0 Maintaining Contact with absent staff

17.1 Maintaining contact with a member of staff who is, or could be, on an extended period of absence needs to be handled sensitively. Headteachers/line managers can feel uncertain about whether to contact an individual when they are unwell and how contact might be made. Equally, staff can worry that they will be asked to do work or feel pressurised to return to work before they are fully recovered.

17.2 Keeping in touch with absent staff is a key factor in helping them to return to work after long-term absence. Without contact, staff that have been absent for several weeks can feel increasingly out of touch and undervalued and over longer periods it can make a return to work more difficult.

17.3 It is recommended that a senior member of staff (someone other than the Headteacher) is nominated to maintain contact with individuals so that they do not feel vulnerable and isolated. It can be helpful to agree a good time when contact can be made. For example, if a member of staff is suffering from insomnia or is taking medication, it may not be appropriate to telephone them early in the morning. Trade union/professional association representatives can provide a valuable role in liaison between the school/Trust and the individual. They should not, however, act as a substitute for a member of Trust staff, other than in exceptional circumstances.

17.4 Contact should be kept brief and friendly and the manager should not ask the individual to undertake work at home while they are signed off by a GP as being unfit to work.

18.0 Conducting formal review meetings

18.1 Where a member of staff has been on sickness absence for 3 months, the Headteacher/line manager will hold a formal review meeting with them. The

individual will need to be given a minimum of 5 working days' notice in writing of the date of the meeting and advised of their right to be accompanied. A model letter informing a member of staff of a formal review meeting is attached at Appendix 6. The letter should include copies of the following:

- the Managing Attendance Procedure and Procedural Guidance; and
- the Occupational Health Service report.

18.2 The formal review meeting will normally cover the following:

- the current health position of the individual and their likely return to work date;
- the Occupational Health Service report and any recommendations;
- any assistance to support an early return to work e.g. phased return to work arrangements, temporary redeployment [*see paragraphs below*];
- any other support that the Trust can give to the individual;
- any concerns or issues that either the Headteacher/line manager or the individual has relating to the absence; and
- the next steps, including what will happen if the individual remains on sickness absence for 6 months.

18.3 A note of the meeting and action points should be recorded.

18.4 If the member of staff remains on sickness absence for 6 months, the Headteacher/line manager should hold a second formal review meeting. The same procedure as the formal review meeting above should be followed. Additionally, a member of the Trusts' HR Team should also attend this meeting to ensure that all the possible options are fully explored. A model letter informing the individual of the second formal review meeting is attached at Appendix 6.

18.5 It is very important that if there is no prospect of the individual returning to work in the foreseeable future all options are explored including:

- modifications to the member of staff's job to facilitate a return to work;
- temporary or permanent medical redeployment; and
- ill health retirement.

18.6 If there is still no likelihood of the member of staff returning to work in the foreseeable future, they should be informed that a Trustees panel will be convened to consider their dismissal on the grounds of capability due to ill health.

19.0 Phased Returns to Work

19.1 This process allows for staff to make a gradual return to work where recommended by the Occupational Health Service after a significant absence of or a significant illness.

19.2 A phased return can help someone acclimatise back into their job and the workplace and can prevent a relapse in their health. It may also mean that an individual is able to return to work earlier than they might otherwise have been able to were they to come back only when they were capable of performing their full duties and hours.

19.3 Phased returns usually take place over a short period of a couple of weeks and up to a maximum of 4 weeks. This enables the member of staff to gradually build up to their normal working hours and duties by the end of the phased period. Phased returns should not normally be for less than half of the individual's contracted hours. One example [*this is not the only option*] of a phased return arrangement is:

Week 1 - Work Monday, Wednesday and Friday (possibly shorter days)

Week 2 - Work Monday, Tuesday, Thursday and Friday (possibly shorter days)

Week 3 - Work every day (possibly shorter days)

Week 4 - Resume full time working.

19.4 Another example, might be that a teacher does not resume class-based teaching for the first few days/week. While every effort should be made to accommodate a return on this basis, it will be subject to operational and health and safety considerations. If the Trust considers that it is not able to follow the Occupational Health Service recommendation in full, alternative arrangements should be discussed and agreed with the individual and the Trust's HR Team advised of the outcome.

19.5 Once a member of staff returns to work, their entitlement to statutory sick pay (SSP) for the period of sickness ends. It is not possible for an employee to receive part SSP and part of their normal salary during a phased return period. It is therefore recommended that that the Trust gives consideration to paying the individual their full contractual pay during the phased return period.

20.0 Adjustments to Working Arrangements

20.1 When an individual returns to work following a long term sickness absence, the Headteacher/line manager will need to consider whether any adjustments/modifications are required to their working environment, work activities or other work circumstances to accommodate the person's return to

work and to prevent any relapse in their health. The Occupational Health Service will play a key role in identifying appropriate adjustments. The adjustments can be on a temporary or permanent basis as considered appropriate. Some adjustments may be necessary for only a brief period, for example in the first 1-2 weeks and others may be longer term. Examples of possible adjustments are given below. This is not an exhaustive list and each case should be considered on what is reasonable in the individual circumstances and against the business needs of the school/Trust.

20.2 It is important to note that where an individual has a health condition that is covered by the Disability and Discrimination Act the Trust has a legal duty to make 'reasonable adjustments' to the workplace or working arrangements for that individual. It would therefore be discriminatory to refuse to implement such adjustments if they were likely to improve the individual's ability to attend work and were not disproportionate. The test in such circumstances is what is reasonable action for the school/Trust to take.

20.3 Examples of possible adjustments/modifications are:

Equipment

20.3.1 Provide new or modify existing equipment/furniture to help the individual with their duties or the physical demands of the role. This may include things like making adjustments to a workstation or software, providing specialist seating for people with back problems, providing voice enhancement and hearing equipment. The Access to Work Adviser and other specialist organisations will be able to provide invaluable support with this and you are advised to involve them at an early stage in considering what adjustments may be appropriate.

Working environment

20.3.2 Make changes to the work environment. This may include things like improving lighting for a sight-impaired employee or moving tasks to a more accessible area or closer to toilet/washing facilities. If the individual has mobility difficulties, can the school timetable be accommodated so that the person is based in one room or neighbouring rooms rather than having to move around the school for different classes? Can the person be allocated a parking space closer to their place of work?

Work Duties

20.3.3 Remove or reduce elements of the job that the individual may find particularly arduous, for example:

- Setting up and putting away tables for lunchtime supervisors.
- Allocate particular tasks to other staff.

- Explore with the individual stepping down from management responsibilities.

Please note that if an individual voluntarily steps down from a TLR responsibility, they will not receive pay protection. Modify work patterns or management systems to reduce pressures and give the individual more control.

Flexible working

20.3.4 Does the individual's normal working hours need to be reduced on a permanent or semi-permanent basis? Is the individual able to work from home for some of their tasks? Can the individual's working hours be arranged so that they can work outside peak hours, for example arriving later in the morning? Can the individual compress their hours into working a shorter week or fortnight?

Training and support

20.3.5 Provide additional training for the individual to do their job, for example by modifying instructions and providing refresher training. Provide the individual with a mentor or buddy while they gain confidence back at work. Increase supervision.

21.0 Medical Redeployment

21.1 Where there are no reasonable adjustments that would enable a member of staff to return to their substantive job or where these are impractical (and when supported by a medical recommendation from the Occupational Health Service), it will be necessary to consider whether there are any alternative employment opportunities for an employee. There is a legal requirement for the employer to consider all reasonable alternatives before coming to a decision about whether to conclude someone's employment on grounds of capability due to ill health.

21.2 The Trust has a responsibility to explore with the individual whether there are any opportunities for the individual to be redeployed to another post within the Trust. Please contact the Trust's HR Team for support with this.

21.3 Where an individual has a disability covered by the DDA, they will be considered for medical redeployment to a post elsewhere within the Trust, when supported by the Occupational Health Service. In order to start this process a review meeting with the individual, Headteacher and a member of the Trust's HR Team must already have taken place where all other options have been considered. The arrangements to follow for medical redeployment are as follows:

21.4 The Headteacher/line manager meets with the member of staff to complete a skills audit questionnaire. This will focus on the individual's transferable skills and experience and will enable suitable areas of work to be identified.

21.5 In considering suitable posts for redeployment, factors such as the job requirements, level of knowledge and skills will be taken into account, as well as medical advice. As part of this process, the Headteacher, in consultation with the Trusts' HR Team, will discuss with the employee any terms and conditions implications associated with any changes and also any opportunities for retraining.

21.6 Attempts to redeploy staff elsewhere within the Trust will be limited to their statutory notice period and up to a maximum of 12 weeks - the maximum statutory notice period. If alternative employment has not been secured during the statutory notice period, the individual's employment will then be concluded. The individual should be advised of this when they are given formal notice.

21.7 Support with redeployment could include advice/assistance with the completion of applications, interview skills training, counselling in preparation for a return to work or work experience visits or placements.

21.8 Priority will be given to the employee for consideration for suitable posts where it is clear that there is no possibility of a return to the substantive post on medical grounds and so long as they meet the essential criteria in the person specification.

21.9 The priority will extend to:

- the employee being interviewed before other applications are considered;
- the employee if suitable being appointed to the vacancy even if the post has been advertised.

21.10 In considering suitability for the job, the test is whether the employee could do the job to an acceptable standard after an induction period and, if necessary, further reasonable training. It is anticipated that this period of induction will not exceed 4 weeks unless a longer period is jointly agreed for specific training.

21.11 Consideration will also be given as to whether the job may be capable of modification, to make it more suitable, subject to this being felt to be reasonable by the Trust having regard to the employee's medical condition and the nature of the post. Advice on this can be obtained from Access to Work or other similar organisations. An employee will not be rejected on the grounds that they are not necessarily the best person for the job in a competitive situation.

21.12 In situations where redeployment is to a job that results in lower pay, the Trust's pay protection policy will apply. This provides for the member of staff to receive pay protection based on the salary of their existing role, for up to three

years for teaching staff and one year for support staff. The protected pay element will be recalculated when the substantive pay of the new post changes, through pay awards or otherwise e.g. regrading, promotion, and/or increases in hours.

21.13 It should be noted that in considering suitable opportunities for medical redeployment, only posts of a similar level of responsibility will be taken into account.

22.0 Ill health retirement

22.1 It may be possible for staff with significant health issues to take early retirement on health grounds. This means that the individual would be able to access their pension entitlements early and in some cases may be eligible for an enhancement. In order to qualify for ill health retirement, the individual must be a member of an occupational pension scheme (Teachers Pensions for teachers and the Avon Pension Scheme for support staff) and must be medically unfit to carry out their job.

22.2 For teachers, there is a two tier system for ill health retirement (1) partial incapacity and (2) total incapacity. Partial incapacity is when a teacher is too ill to teach but they may be able to work outside of teaching. In such cases, a teacher would be able to receive their accrued pension benefits early but would not be eligible for any enhancements. In total incapacity cases, a teacher is considered too ill to undertake any employment. In such cases, teachers would be able to receive their accrued pension entitlements early plus an enhancement.

22.3 For support staff, there is a three-tier system for ill health retirement, attracting different entitlements. The first tier is for staff that are permanently incapable of carrying out their jobs on health grounds and are not likely to work again before their normal retirement age. The second tier is for staff that are permanently incapable of carrying out their jobs on health grounds but may be able to work elsewhere before their normal retirement age. The third tier is for staff who are permanently incapable of carrying out their jobs on health grounds but may be able to work elsewhere at the point of leaving or soon afterwards.

22.4 Ill health retirement, is not an automatic entitlement for staff. All applications need to be approved by independent medical advisers (from the DfE for teachers and from authorisation from a recognised Avon Pension fund provider and the Trust's Occupational Health Service provider for support staff). The process for both teaching and support staff involves an appointment with the OHS and can take several months before the outcome is known.

22.5 If ill health retirement is approved, the Headteacher/line manager will need to agree the last day of service with the individual. This will normally be at the earliest most convenient date. Statutory notice does not need to be given.

23.0 Referring cases to a Trustees' or LGB panel

23.1 Where a member of staff has either

(i) been on continuous sickness absence for a minimum period of 6 months and there is no prospect of them being able to return to work in the foreseeable future due to ill health; or

(ii) has been issued with a final notice of improvement about their attendance under the Short Recurring Sickness Absences Procedure [see Section B]. and their attendance remains unsatisfactory;

The Headteacher will request a LGB or Trustee's panel to consider the individual's dismissal.

23.2 The Chair of the Local Governing Body or Trustees will set up a hearing of a Trustees' or LGB Panel, or a mix of both who were not directly involved in the matters detailed in the specific case. A Trustees' or LGB panel will normally comprise of three members, although it is also possible to hold them with fewer members. Where possible, the composition of the panel should include both male and female members with a balance of governing body experience. It is important not to include all of the most experienced Trustees or Governors and then have none available for any appeal. To avoid any allegations of bias, the chair of Trustees' or LGB should not be a panel member, as the Headteacher is likely to have discussed staffing matters with them. .

23.3 A member of the Trust's HR Team will attend to advise on procedural and contractual matters and there should also be a note taker present. The individual has a right to be accompanied. Owing to the sensitive nature of a Trustees' or LGB panel, they are often held at a neutral venue away from the school/Trust during the Trust day or on the site after the school day has finished when pupils and other staff are not there.

23.4 The member of staff needs to be given a minimum of 5 working days' notice of the date and time of the panel, together with a complete set of the documents. Copies of the papers should also be sent to all the panel members and the representative from the Trust's HR Team at the same time. The documents to be included are:

- the statement of case by the Headteacher or line manager, which summarises the sickness absence history and the support and action taken by the Trust;
- the full sickness absence record;
- copies of the Occupational Health reports;

- copies of the minutes of any formal review or attendance meetings;
- copies of any notices of improvement;
- a copy of the attendance procedure;
- a running order for the Trustees' or LGB panel; and
- any other relevant document.

23.5 The member of staff can decide to send a written response to the panel and/or attend in person. They can also decide to call relevant witnesses but must advise the Headteacher and the panel of the names of any witnesses and in what capacity they are being called in advance of the hearing. The running order to be followed is shown at Appendix 7.

23.6 The Trustees' or LGB panel will review all the information and decide one of the following outcomes:

- i) that there is not a case to answer and that no further formal action should be taken;
- ii) to review the situation again after a specified period of time - this may be to allow further medical evidence to be obtained or to monitor the individual's health for a further period; or
- iii) to dismiss the individual on the grounds of capability due to ill health.

24.0 Right of appeal

24.1 In the event of a dismissal, the member of staff has the right of appeal to a different panel of LSP Trustees within 10 working days from the date of the outcome letter. The grounds of the appeal must be limited to one of the following reasons:

- the sanction is too severe;
- the relevant procedures have not been followed;
- new information has come to light which was not known at the time of the Trustees' or LGB panel.

24.2 The procedure to be followed is the same as for the original Trustees' or LGB panel. If the appeal is on the basis of the sanction being too severe, the Chair of the first panel will need to give a statement explaining how they arrived at their decision. He/she should also attend the appeal panel to present this information and to be on hand to answer any questions.

24.3 The appeal panel will consider all the information presented and decide whether to accept or reject the appeal. If the appeal is rejected, there is no further right of appeal.

25.0 Dealing with terminal or life-threatening illnesses

25.1 In the case of a terminally ill member of staff, there is a need to consider the individual's circumstances and their continued employment, in as sensitive and compassionate way as possible. Advice should always be sought from the Trust's HR Team when this becomes known. The individual should be advised to consult with their trade union/professional association and their pension scheme at an early stage for support and advice and to enable them to make informed decisions. The line manager should maintain appropriate contact with the individual.

25.2 In certain circumstances (such as financial hardship) the individual can make a request to the schools governing body to consider an extension to their sick pay entitlement. This may be appropriate when ill-health retirement is not an option.

25.3 In the tragic event of member of staff dying in service, the Employee Assistance Programme offers a 24/7 confidential helpline on 0800 092 0987 to all Trust staff.

26.0 Annual leave entitlement during long-term sickness absence

26.1 Annual leave cannot be taken while on sickness absence. Similarly, if a member of staff is sick during a period of annual leave, a medical certificate, signed by a GP must be obtained. The absence would then be treated as sickness and not deducted from their annual leave entitlement.

26.2 For non-teaching staff who work all year round and who return to work following a long term period of sickness absence, they will be credited with any untaken leave for the current leave year. However, if their absence continues into the next leave year, they will only be credited up to a maximum of five days, in addition to their current leave year's entitlement.

SECTION D - OTHER RELATED PROCEDURES

27.0 Disability Adjustments

27.1 An estimated annual total of days will be jointly agreed for disability-related absence, based on but not limited to, previous disability related absence up to a maximum of ten working days. Consideration will be given to any improvement or deterioration (actual or anticipated) in the member of staff's condition. Thereafter, when the individual is off work for a disability related

purpose, the absence will be recorded as disability leave and not sickness absence. Individuals will not need to complete a self-certification sickness absence form, instead they will record this disability leave request with their line manager under the 'special leave' section in the agreed HR system.

27.2 At the end of the 12-month period (or earlier if it becomes apparent that the initial estimate was insufficient) all parties will meet again to evaluate the system and decide whether the initial estimate was too high or too low, amending the agreed amount accordingly for the next year. This will also be an opportunity for the member of staff and line manager to discuss whether any other adjustments are needed, especially if the disability has deteriorated or the individual's job has changed.

28.0 Stress and Well-being Policy

28.1 A stress management policy is available on FOLDR with guidance for managers and employees on dealing with stressful situations in schools'

29.0 Alcohol and Drug Abuse Policy

29.1 If you know or suspect that a member of staff has an alcohol or drug dependency problem, please contact the Trust's HR Team on 01275 884072 for further information.

SECTION E - APPENDICES

Appendix 1



RETURN TO WORK INTERVIEW

This form should be used to record the Return to Work Interview, between the line manager and employee, in accordance with Trust's Managing Attendance Policy. The interview must be held within three days of the individual's return to work and this form should be kept on file

EMPLOYEE :	
MALE / FEMALE	
Job Title:	
Department:	
First Day Absence:	
Date Returned to Work:	
Total Days absent from work:	
REASON FOR ABSENCE:	
Is absence due to an injury at work?	NO
If accident at work, has an accident form been completed?	YES / NO If Yes, date:
RTW DISCUSSION RECORD NOTE - FOR COMPLETION BY LINE MANAGER as appropriate	
<i>(Please continue overleaf if necessary)</i>	
Name:	Signature:
Department:	Date:
FOR COMPLETION BY INDIVIDUAL RESUMING FROM SICK LEAVE	
I confirm that the attached sickness summary is an accurate record of my absence history and that the interview notes above are an accurate record of the issues discussed. In addition, I wish to comment as follows:	
Name:	Signature:
Department:	Date:

Data Protection

The School processes the information provided on this form and on medical certificates for the purposes of meeting its legal obligations. In particular, individual data is disclosed to line managers for the purpose of responding appropriately and fairly to an individual's overall level of sickness absence and for the appropriate management of their health and safety at work. Aggregate data is produced to identify issues and trends at School levels in order to ensure the health, safety and welfare of employees and to ensure a safe working environment.

Appendix 2

Self-Certification Form

Self-certificate and Employee Statement on Absence due to Sickness, Industrial Injury or Contact with Contagious Diseases

(To be used for all sickness absence up to and including 7 days)

1. Name: Pay No.
Home Address:
Position Held Department:
Section/Location:

2. Length of Absence (These dates need not necessarily be working days).

First full day of sickness / /
Last full day of sickness / /

3. Reason for Absence

(You are not expected to attempt a medical diagnosis but to describe in your own words why you were unfit for duty avoiding general terms like 'ill' and 'unwell'.)

Details
..... (a) Was your incapacity due to an accident

(i) involving a third party from whom damages may be claimed Yes/No
and/or

(ii) whilst carrying out the business of the Trust? Yes/No

(b) Was your doctor consulted? Yes/No

(c) At the time of your absence were you pregnant and within
eleven weeks of the expected week of confinement? Yes/No

4. Declaration

I declare that the above statement is true and understand that to knowingly give false or misleading information will lead to disciplinary action under existing disciplinary procedures.

SIGNED: **DATE:**

(Employee)

Date absence first reported by employee:

SIGNED(Head of Establishment/Supervising Officer)

DATE:

Employee Statement on Absence due to Sickness, Industrial Injury or Contact with Contagious Diseases

SUPPLEMENTARY QUESTIONS

Please answer **YES** or **NO** to the following questions.

A. Drivers of Trust vehicles, School Maintenance Staff.

- | | |
|---|--------|
| 1. Are you having treatment for Hay Fever, or any other allergy? | Yes/No |
| 2. Are you having treatment for high blood pressure? | Yes/No |
| 3. Are you on any sedative tablets or any other treatment which makes you feel sleepy whilst at work? | Yes/No |

B. Food Handlers

- | | |
|--|--------|
| 1. Has your absence from work been due to diarrhoea and/or vomiting? | Yes/No |
| 2. Have you any skin disorder of hands or forearms? | Yes/No |
| 3. Have you any discharge from eyes or ears? | Yes/No |

Appendix 3

MODEL INDIVIDUAL ATTENDANCE PLAN

It is fully accepted that at times, people will experience periods of ill health and are subsequently unable to attend for work. It is also acknowledged that it is unacceptable for people to work if they are to unfit to do so.

Following the recent [*meeting / occupational health report / trial period*] we have now agreed that [*insert for example, *you are able to undertake your full duties*]. If there is a recurrence of your health / attendance problems, you may well be referred again to the Occupational Health Service and a further meeting scheduled to discuss this.

The expectation now is that you will now have minimal levels of sickness absence. The following attendance plan has therefore been formulated:

1. It is expected that you will achieve an attendance at work, at a level of 95% over the next 6 months.
2. Should your level of sickness exceed either 5 days absence in any 12 week period, or in excess of 3 separate incidences over 12 weeks a review of the causes of this sickness absence will automatically be made. This could lead to a referral to Occupational Health and/or further formal action being taken including consideration of the circumstances by a Trustee panel that could result in a formal sanction being issued
3. Your attendance will be monitored and discussed at your monthly supervision sessions with your [*Headteacher / line manager*].
4. This Attendance plan, as well as being reviewed monthly at supervision with your manager, will be reviewed at the conclusion of the first 12 week period by [*Headteacher / Line Manager name and the HR Advisor*]. This will be repeated at identified intervals until there is an agreement to curtail formal monitoring of your attendance.
5. If the Attendance Plan is still in place after 12 months this should be formally reviewed by your [*Headteacher / Line Manager and a Trustees' or LGB Panel. The HR Advisor attendance for advice will be attainable at the Headteacher's request*]
6. In addition to the Attendance Plan and the monthly support and supervision sessions, you are encouraged to raise any health or attendance concerns with your Headteacher / Line Manager so that assistance can be provided as far as is reasonably practicable.

Signed as read and agreed by:

Line Manager (Name*)

Date

Employee (Name*)

Date

First review meeting : Date:

Appendix 4

OCCUPATIONAL HEALTH REFERRAL GUIDANCE NOTES

Clearly each referral case is different, and requires an individually specific form to be completed as the referral. The Trust's HR Team will forward this to your line manager for completion and discussion with you. To help with this, we have produced a checklist of areas for consideration many of which will be relevant in each case. This list can be used as an *aide memoir* to construct more detailed, 'tailored' requests for information. Make sure that you do ask the questions that you want the health practitioners to respond to. The electronic forms should be completed by typing over the grey 'prompt' areas. These will expand automatically to enable you to provide as much information as you need to share with the Occupational health practitioners.

1. Information to Provide

- A fully completed referral form with additional referral questions if needed
- Job description and complete details of their absence record (Details can be checked with Payroll records if you are not able to access these locally)
- Details of the work environment e.g., client group, physical or mental demands etc.
- Details of the behaviours / symptoms displayed at work that cause concern - especially in cases where you believe the individuals may be experiencing emotional distress (i.e., stress / depression/ anxiety).
- Any factors that may have been shared with you or observed, that may be contributing or causing the absence. (These may be bereavement / divorce / work practices / breakdown in colleague relationship(s))
- Details of all / any previous action(s) already taken by the school/Trust or service to address the issue(s) and/or to support the employee.

2. Information to Request (examples)

- Is the employee currently medically unfit for work, and if so for how long do you envisage their absence will last?
- When do you envisage the employee may be fit to return and will there be any need for adjustments on their return?
- When fitness is likely - would this be to a full range of duties - if not what should be excluded / included? (Be clear in the referral form which measures could not be accommodated by the school/Trust and why)

3. Which part(s) of the employees job description (attached) can they do / can't they do?

- Exactly what medical restrictions would you recommend for this employee? (for example, shouldn't be left on their own)
- Please specify any lifting restriction(s) and how long would this / any restriction last for?
- Would reduced hour or activities help? (Be really clear whether this is possible in advance)
- Is working with the client group / work role inappropriate for this person? Should we consider a permanent / temporary role change/
- **Would a referral to a staff counsellor help?**
- Please give any additional advice / guidance that will help us to support XXX
- Does the employee have an underlying medical condition? (especially for staff with patterns of **short term absence** related to either similar or dissimilar symptoms).
- ...Is the absence as stated on their sick note / record
- Is the employee's condition work related? In what way?
- Does the Disability Discrimination Act 1998 apply to this person (particularly important in cases on long term or recurrent / pattern absence - worth asking if depression is the underlying condition presented)
- Would you support an application for ill health retirement now, or at a future date if this condition persists?

4. When to refer

In line with the Managing Attendance Policy and Guidance, referrals should be made at an appropriate time depending on the condition that they may be presenting with. For example anyone exhibiting symptoms relating to stress / emotional conditions (depression / anxiety) should have very swift referrals once a period of absence has commenced; normally within three weeks. For others the referral may be appropriate after a number of separate sickness absence episodes* or after an individual has been out for a significant period.

*This may not always be possible, but should be undertaken when an employee has either been absent from work for 5 days within 3 months or has had 3 separate incidences of absence during this period or, thirdly, has had 10 days in the last 12 months.

Clearly you may need to refer people outside of these guidelines (bereavement / stress) and equally you may elect not to refer people if their attendance improves. Do feel free to contact your HR Team for any additional advice / guidance.

5. Employee Assistance programme

This is a service available to all staff through the Trust's welfare and wellbeing initiative. It is a 24/7 telephone support line who can provide counselling face to face services as well as guidance on other matters such as financial, family, legal etc.

Appendix 5

EMPLOYEE FREQUENTLY ASKED QUESTIONS ABOUT OCCUPATIONAL HEALTH REFERRALS

1. Why have I been asked to attend an occupational health appointment?

There are two main reasons why a member of staff will be asked to attend an occupational health appointment. The first reason is to provide guidance to the Headteacher or line manager about a person's health situation to ensure that they take appropriate action. The second reason is to support a member of staff who may be experiencing health issues. The types of situation when a referral may be necessary include (but are not limited to) where someone:

- has been absent for 3 weeks or more with stress/anxiety/depression;
- is absent on long-term sickness absence;
- is returning to work following a long sickness absence;
- is experiencing health challenges at work;
- has a disability or has become disabled;
- has an attendance record which is causing concern.

2. Can I refuse to attend an occupational health appointment?

The Trust has a legal duty of care as an employer to protect the health, safety and welfare of all its employees and employees have a duty to comply with reasonable health and safety requests. If you have any concerns about attending an appointment, please speak to your manager or to the Trust's HR Team.

3. Am I able to see the information contained in the occupational health referral?

Yes. Your headteacher or manager should discuss the reasons for the referral with you and give you a copy of the referral form.

4. Where will the occupational health appointment be held?

The Trust will notify you of the name and address of the occupational health provider through the Trust's HR Team.

5. Can I claim for travel expense?

Yes. The Trust will reimburse you for reasonable travel expenses in the normal way.

6. How long will the appointment last and can I take someone with me?

Appointments can be normally 45 minutes to one hour. It is possible to be accompanied if you wish.

7. Can I change the time/date of my appointment?

There is a limited availability of appointments so you are asked to keep your appointment date and time wherever possible. However, if you have a genuine reason for wanting to change an

8. What happens after my appointment?

At the end of your appointment, the occupational health doctor/nurse/practitioner will discuss with you the information that they will be including in their occupational health report. The report (which is produced in the form of a letter) will then be sent to the Trusts' HR Manager. They will meet and discuss with your line manager/arrange a meeting to discuss the outcomes and agree any appropriate action.

9. Can I be given a copy of the occupational health report?

Yes. You will receive this either by email or in the post from the OH provider.

10. Will my headteacher/line manager automatically be able to see my medical records/history from my own doctor?

No. You need to give your written consent for the OH provider to contact your doctor and you have the right to see and amend any information that your doctor sends to the OH provider.

Appendix 6 LETTERS

6a: letter confirming Formal Attendance Meeting

Dear XXXXX

FORMAL ATTENDANCE MEETING

I am writing to inform you that I would like to hold a formal attendance meeting with you at XX on XX in XX to review your sickness absence and to support your attendance at work.

You can be accompanied at the meeting by a trade union representative or a friend (not acting in a legal capacity) if you wish. I shall be accompanied by XX who will take a note of the meeting.

I am enclosing for your information a copy of the Trust's Policy and Procedure for Managing Attendance (Section B) which I will be following, together with your sickness absence record and a copy of your latest Occupational Health report (if appropriate - or any other relevant documentation).

I would be grateful if you could confirm that you are able to attend this meeting and also whether you will be bringing anyone with you by XX (date).

Please contact me if you have any questions about this letter.

Yours sincerely

XX

Encs

6b. Letter confirming second Formal Attendance Meeting

Dear XX

FORMAL ATTENDANCE MEETING

I am writing to inform you that I would like to hold a second formal attendance meeting with you at XX on XX in XX to review your attendance since you were issued with a notice of improvement on XX. You can be accompanied at the meeting by a trade union representative or a friend (not acting in a legal capacity), if you wish. I shall be accompanied by XX who will take a note of the meeting.

I am enclosing for your information a copy of the Trust's Policy and Procedure for Managing Attendance (Section B) which I will be following, together with copies of the notice of improvement issued to you on XX, your sickness absence record and your latest Occupational Health report (if appropriate - and any other relevant documentation).

I would be grateful if you could confirm that you are able to attend this meeting and also whether you will be bringing anyone with you by XX (date).

Please contact me if you have any questions about this letter.

Yours sincerely

XX

Encs

6c: Letter confirming Formal Health Review Meeting

Dear XXXXX

FORMAL HEALTH REVIEW MEETING

I am writing to inform you that I would like to meet with you to review your health situation and the ways in which the Trust can support you. I have arranged a meeting at XX on XX in XX. You can be accompanied at the meeting by a trade union representative or a friend (not acting in a legal capacity), if you wish. I shall be accompanied by XX who will take a note of the meeting.

I am enclosing for your information a copy of the Trust's Policy and Procedure for Managing Attendance (Section C) which I will be following, together with your sickness absence record and a copy of your latest Occupational Health report (if relevant - or any other relevant documentation).

I would be grateful if you could confirm that you are able to attend this meeting and also whether you will be bringing anyone with you by XXXXX (date).

Please contact me if you have any questions about this letter.

Yours sincerely

XXXXXX

Encs

6d: Letter confirming second Formal Health Review Meeting

Dear XXXXX

FORMAL HEALTH REVIEW MEETING

I am writing to inform you that I would like to meet with you again to review your current health situation and to discuss the options available to you. I have arranged a meeting at XX on XX in XX. You can be accompanied at the meeting by a trade union representative or a friend (not acting in a legal capacity), if you wish. I shall be accompanied by XX from the Trust's HR Team who will be able to advise us on any personnel matters.

I am enclosing for your information a copy of the Trust's Policy and Procedure for Managing Attendance (Section C) which I will be following, together with your sickness absence record and a copy of your latest Occupational Health report (if relevant - or any other relevant documentation).

I would be grateful if you could confirm that you are able to attend this meeting and also whether you will be bringing anyone with you by XX (date).

Please contact me if you have any questions about this letter.

Yours sincerely

XX

Headteacher/ HR Manager

Encs

Appendix 7

RUNNING ORDER FOR A HEALTH CAPABILITY TRUSTEES' or LGB PANEL

1. Introduction

The Chair introduces everyone.

Trustees' or LGB Panel: Normally comprising 3 members

Headteacher/Line Manager:

Employee:

Employee's Advisor (Trade Union/ Professional Association representative/Friend):

HR Advisor to the Panel/ or Member of the Trust's HR Team

Note Taker:

2. The Chair explains the purpose of the Hearing. The Chair checks that everyone has received all the relevant documentation and whether any late submissions to be considered by the Panel for inclusion have been raised.

The Chair states the running order for the Hearing.

Trust/Management Presents*

[*This can be the Headteacher or other Manager]

3. The Trust/Management side presents a summary of the case including a brief chronology of events.
4. The Employee/or TU representative can then question the Trust/Management side on the details of the case presented.
5. The Panel can ask questions.
6. Witnesses can be called (where appropriate only).
7. The Employee can ask questions of the witness(es).
8. The Panel can ask questions of the witness(es).
9. The witness(es) then leaves.

Employee Presents** [This can be the Employee or the TU representative]

10. The Employee presents his/her response (this could include challenging the validity of the management case or medical evidence).
11. The person presenting the Trust/Management Side can question the Employee/TU representative.
12. The Panel can question the Employee/TU representative.
13. The Employee/TU can call witness(es) (where appropriate only).
14. The Trust/Management side can ask questions of the witness(es).
15. The Panel can ask questions.

16. The witness(es) then leave.

Trust / Management presents their final summary

Employee presents his/her final summary

Closed Session

17. The Employee/TU representative/Headteacher/Notetaker leave the Hearing at this stage in the proceedings.
18. The Panel remains to discuss the information presented and to reach a decision. The HR Advisor also remains to offer any advice, if required. The Chair of the Panel records the decision.
19. If the matter is likely to be dealt with swiftly the Employee/TU may choose to wait and hear the outcome verbally - a written response must still be sent afterwards.
20. The Chair of the Panel writes to the employee confirming the decision.
21. The Employee has the right of Appeal to an unconnected Panel of Trustees or LGB against any sanction.

Please note

At appeal panels the running order is changed so that the appellant goes first before the Trust management side. Other details remain the same, although there is no further right of appeal under the Trust's procedure.