



Beacon Academy Trust

A COMPELLING VISION FOR SUCCESS

STAFF SICKNESS ABSENCE **POLICY AND PROCEDURE**

Approving Body	Trust
Date of Last Review	February 2018
To be Reviewed	February 2021
Statutory (Y/N)	N
Signed/Authorised	Kathryn Burns, CEO

I. INTRODUCTION – PURPOSE, SCOPE AND GUIDING PRINCIPLES

1. The central aims of this policy are:
 - a. To strike a fair balance between the interests or needs of staff when they are off sick, and the needs of BMAT as an organisation;
 - b. To communicate BMAT's policy and procedure on sickness absence with clarity; and
 - c. To apply BMAT's policy and procedure on sickness absence consistently.
2. BMAT recognises the right of its employees to enjoy reasonable job security when absent due to sickness. Concurrently, BMAT expects employees to value the needs of the organisation and comply with their responsibility to ensure regular attendance at work.
3. Members of staff with responsibility for authorising sickness absences are expected to do so in a clear and consistent manner, whilst also accepting that factors affecting sickness vary widely, and that cases need to be considered on their individual merits.
4. Unplanned absence is costly and disruptive to the efficient running of the organisation. High levels of sickness and/or absence have a detrimental effect on the level and quality of service provision, place an additional burden on colleagues and result in increased costs.
5. Scope: This policy applies to the handling of paid and unpaid periods of sickness absence. Entitlement to paid sickness absence is determined by individual contracts of employment, and may vary between different types of staff (e.g. staff serving probation vs. full members of staff; part time vs. full time; support staff vs. teaching staff; and new staff vs. staff with long service).
6. Should any conflict arise between a provision in this policy and the terms of an individual contract of employment, the latter will prevail.
7. Responsibilities:
 - a. All employees are responsible for maintaining regular attendance and ensuring that any periods of absence, however short, are communicated, recorded and managed in accordance with this policy.
 - b. Performance managers are responsible for overseeing absence levels within their team and communicating with the HR Team when required by this policy; and meeting with individual employees to ensure that they are supported if necessary, and that issues with absence are raised and dealt with as soon as they arise, ideally informally.
 - c. The HR Team are responsible for maintaining accurate records of absence, supporting performance managers in the fulfilment of their responsibilities and ensuring that the organisation acts in accordance with its obligations.
8. Equal opportunities statement: This policy must be applied fairly and consistently. Some sickness absence may relate to a disability, as defined under the Equality Act 2010. Where this is the case, performance managers should consider seeking advice from HR and Occupational Health.

II. MEDICAL AND DENTAL APPOINTMENTS

9. From time to time, BMAT appreciates that employees may need to attend medical, hospital, dental, optician and other similar appointments. Whenever it is possible to do so, employees should endeavour to arrange such appointments in their own time or, if this is not possible, then at times that will cause the minimum amount of absence from work or inconvenience to the organisation, such as the beginning or end of the working day.
10. Employees are required to give reasonable notice of the date and time of an appointment and, by discretion of their performance manager, may be asked to produce evidence of the appointment. Performance managers may ask an employee to reschedule an appointment if its timing would cause unnecessary disruption to the organisation and/or if the nature of the appointment is not sufficient to cause disruption to the organisation. All appointments lasting half a day or more should be recorded via HR.
11. For infrequent or one off appointments, time off with pay will normally be granted (this is not a legal requirement).
12. Where time off for appointments becomes frequent or regular, or starts to cause difficulties for an employee's department or the organisation at large, their performance manager has the discretion to require the employee to make up the time and/or work, where possible. With the approval of their manager, support staff may, if they prefer, opt to use another form of leave such as annual leave.

III. NOTIFYING SICKNESS

13. It is a condition of employment for all BMAT staff that, if unable to attend work due to sickness, they notify BMAT as soon as possible on the first day of sickness:
 - a. Members of teaching staff must notify the cover supervisor no later than 7:15 (i.e. one hour prior to their start time) and send cover work to the cover supervisor and/or their performance manager, so that it can be communicated to the assigned member of cover staff.
 - b. Members of support staff must notify their performance manager before their normal start time, who must report the absence to HR.
 - c. All members of staff must repeat the above for every day of sickness absence, unless a return to work date has been agreed.
14. In notifying their absence, employees must state the reason for their absence, the likely duration of their absence and the date they expect to return to work.
15. Employees should agree the frequency of communication with their manager during any on-going sickness absence and state whether they will be able to perform limited tasks (e.g. respond to urgent emails) during their absence.
16. If their performance manager is unavailable, then employees should notify their sickness to their manager's manager or, if they are also unavailable, to a member of HR.

IV. RECORDING SICKNESS ABSENCE

17. Accurate records are mandatory for statutory sick pay and essential for monitoring sickness absence. Records are maintained for every BMAT employee, showing the dates of an employee's absence, the reason for the

absence and/or the nature of the sickness/illness. The information recorded is confidential and will be treated as such.

18. When a performance manager is informed by a member of their team that they are absent from work due to sickness, s/he must send an email to hr@beaconacademytrust.co.uk as soon as possible on each day of the employee's sickness absence, briefly stating the reason for absence, whether limited tasks (e.g. emails) should be performed by the employee, and the expected return to work date if there is one.

19. Medical Certification

- a. Absences of fewer than seven calendar days (i.e. five school/working days) are self-certifying. However, in cases of poor attendance due to multiple short-term absences, BMAT may request medical evidence.
- b. Absences of more than seven calendar days (i.e. five school/working days) require a fit note signed by a registered medical practitioner. This must be supplied to the HR Team, which will attach a copy to the absence record. Failure to supply a fit note when required may result in the withholding of pay.

V. RETURNING TO WORK AFTER SICKNESS ABSENCE

20. Except for members of SLT and the Trust Executive, when an employee returns to work after a period of sickness absence, the onus is on them to complete the Self-Certification & Return to Work Form (Appendix A), which they must have signed by their performance manager and passed to HR.
21. Members of SLT and the Trust Executive should submit their self-certification forms directly to HR.
22. When an employee returns to work after a period of sickness absence, their manager must conduct an informal return to work discussion. During this discussion, the manager will discuss the employee's health issues, ensure that they are better and ascertain if there are any long-term health implications.
- a. In the case of most short-term absences (e.g. up to three days'), this will be a brief and routine part of day-to-day management.
 - b. In the case of longer absences, performance managers should arrange a short meeting with the employee to discuss missed work or deadlines, objectives and update them on their department/team.

VI. POOR ATTENDANCE

23. Patterns of poor attendance vary. Managers should discuss attendance informally with staff on their return after any period of absence at the back to work meeting.
24. 'Casual absenteeism' is defined as frequent absences of short-term duration. Such absences may be due to an employee having an underlying health problem, extenuating personal circumstances, or abuse of the sick leave provisions. The cause of absence should therefore be established with the employee at an early stage.
25. 'Long-term absence' is defined as a single episode of sick leave of three weeks or more with no immediate or known prospects of return to work. In such cases it is essential that regular contact with the employee is maintained and that an assessment of their ability to work is made.

26. Triggers for exploratory interviews - the following levels are recommended, as illustrative examples, of the point at which an exploratory interview should take place (managers should use their discretion, where appropriate):

- a. Three or more separate occasions of sickness absence within any six-month period;
- b. Six or more days of sickness absence within any twelve month rolling period;
- c. A noticeable trend in sickness absences (e.g. Mondays, Fridays or immediately prior to or before periods of annual leave); or
- d. 3 or more weeks of continuous absence with no immediate or known prospects of return to work.

27. Conducting exploratory interviews:

- a. Performance managers should arrange an exploratory interview with the employee in which the frequency, reasons and amount of the employee's absence will be discussed with them.
- b. The manager should complete Appendix B - Exploratory Interview Record, and advise the employee that their absence is causing concern, and ask questions to establish whether there are any mitigating circumstances such as personal or work-related problems.
- c. This meeting provides an opportunity for the manager to remind the employee of the expected standards of attendance.

28. Requesting a medical examination or report during/following an exploratory interview:

- a. During an exploratory interview, the need for a medical examination may arise because of health problems being experienced by an employee, which are seriously affecting their capability to perform their job. With the employee's consent, BMAT may refer the employee for an Occupational Health assessment or request a report from the employee's general practitioner.
- b. When a medical report is received, the performance manager should arrange an advisory interview with the employee. The purpose of the meeting is to inform the employee of the content of the medical report and if appropriate to advise of the consequences of continued poor attendance. HR may be present at the meeting and the employee may choose to be accompanied by a colleague or trade union representative, following a reasonable request to that effect.
- c. Where there is a prospect of improvement, the employee should be given an opportunity to significantly improve and sustain their attendance record against the expected standards. A monitoring period should be set, as below.
- d. A further request for a medical report may be appropriate if improvements have not occurred.
- e. Each case should be judged on its particular circumstances, especially if there are health problems of a serious or progressive nature. In addition, managers may, in appropriate circumstances, use their discretion to discount certain absences (e.g. on compassionate grounds).

29. Initial attendance monitoring, following an exploratory interview:

- a. The employee's attendance should be monitored for an appropriate period of between four and eight weeks (excluding school holidays or annual leave), depending on length of service and level of absence.

- b. Depending on the standards of attendance achieved, a review will take place within or at the end of the monitoring period.

30. Further attendance monitoring, following an exploratory interview and initial monitoring:

- a. Where there is further absence within a monitoring period but a trigger point has not been met, there should be a meeting with the performance manager and the employee to extend the monitoring period and to remind the employee of the expected standards of attendance.
- b. Where there is further absence within an initial monitoring period and further trigger points are met, the line manager should advise the member of staff that BMAT will be moving to a formal stage in line with the BMAT Disciplinary Policy and Procedure or the BMAT Capability Policy and Procedure.
- c. Notwithstanding this, managers may, in appropriate circumstances, use their discretion to discount certain absences (e.g. on compassionate grounds).

31. Phased return to work after long-term absence

- a. An employee who has been off on 'long term' absence may require a phased return to work as part of a 'Fit Note' from their GP or an OH report, to ease them back in to work gradually, to avoid exacerbation of any identified symptoms, or to help them re-adjust to work duties and hours, depending on their condition or illness. Ultimate decisions regarding the length and pattern of any phased return will be determined by HR
- b. An employee may also require a phased return to work following an operation or injury for example, even if they have not been off sick 'long term'.
- c. A phased return may consist of shorter days; a shorter working week than their normal contracted hours, and decreased duties – all of which may start off minimally, increasing to more hours and days as the phased return period progresses. Whilst hours may be reduced, other adjustments may also need to be considered for the member of staff.
- d. Employees will be required to obtain a 'Fit Note' from their GP, to certify that they are well enough to return to work, which may be with or without restrictions.
- e. Once the 'Fit Note' is received by the employee's line manager, a meeting can be held to plan the phased return.
- f. Employees will receive full (normal) pay for the hours or days that they attend work, but will receive Occupational Sick Pay, Statutory Sick Pay or nil pay, whichever is applicable to the individual, for the time that they are not at work.
- g. Non-work days/hours must be recorded as sickness absence with the HR Team.
- h. On returning to work on the employee's contracted hours, pay will return to normal.

32. No underlying health condition – conduct/discipline:

- a. Where there is no underlying health condition and no sustained improvement in attendance a further meeting should be arranged in accordance with the [BMAT Disciplinary Policy and Procedure](#).

33. Underlying health condition – capability

- a. Where there is an underlying health condition and no return to work or sustained improvement in attendance, the employee will be managed in accordance with the [BMAT Capability Policy and Procedure](#).
- b. In cases of serious illness, BMAT will endeavour to assist staff to return to work, including the use of phased return and workplace assessments. In certain cases, BMAT will endeavour to find alternative work of a suitable nature, where the illness has significantly affected the employee's ability to perform their normal duties.

APPENDIX A – SELF CERTIFICATION & RETURN TO WORK FORM

Self-Certification & Return to Work Form

Part 1 - Personal details

Full Name:	Line Manager:
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Part 2 - Period of absence

To be completed by the employee. Please note that weekends bridged by a period of sick absence should be counted	
1 st day of absence..... Last day of absence Date of return to work.....	
<input type="checkbox"/>	Absence is 7 days or less, treat as self-certified
<input type="checkbox"/>	I attach a medical certificate as my absence is more than 7 days

Part 3 - Absence a result from An Industrial Injury?

Yes

No

(If you answer yes please complete the Accident/Ill Health/Dangerous Occurrence Report Form)

Part 4 - Reason for absence (tick the most appropriate box below)

Colds/Flu/Respiratory/Infections		Cancer related	
Internal Organs/Circulatory/Heart		Diabetes	
Stomach/Gastro/Diarrhoea/Vomiting		Eye Complaint	
Back/Muscles/Skeletal		Neurological	
Mental Health related/Stress/Depression		Post-operative	
Disability Related		Skin complaint	
Injury at Work		Genito-urinary (including menstrual)	
Pregnancy Specific		Reproductive disorder	
Headache/Migraine		Other (please state)	

Are you on any medication we need to be aware of?

Yes

No

Are there any underlying health/welfare issues linking current and previous absences? Yes

No

(If sickness absence is related to a disability, reasonable adjustments must be considered and detailed below)

Is there anything we should consider to support you at work?

Yes

No

Part 5 - Line Manager/Cover Co-ordinator

Did the employee properly notify the employer of his / her absence?

Yes

No

Is the employee feeling better?

Yes

No

Signature (employee):.....

Date:.....

Signature (manager):.....

Date:.....

APPENDIX B – EXPLORATORY INTERVIEW RECORD

Part 1

Managers should read the [sickness absence policy](#) prior to completing this form.

Employee	
Department	
Manager	
Date of meeting	
Absence date(s) leading to meeting See attached (please discuss and refer back to HR in the case of any discrepancies)	

Is there any underlying reason for the absence(s)?

Are there any support requirements in place?

Employee comments.

Is an OH referral appropriate?

Outcome of meeting (please mark in table below)

No further action due to exceptional circumstances or previous exemplary absence record.	
OH referral	
4 to 8 weeks of absence monitoring	

The employee will need to be informed that further absence causing the triggers to be met may lead to a **Further Investigatory Meeting** with a member of SLT, which may then lead to a formal process.

Date for 4 to 8 weeks review meeting:

4 weeks review date:	
8 weeks review date:	

Line manager's signature:

Date:

Please retain a copy of this form for your records, and send a copy to HR.

Part 2

Please note any periods of absence that have occurred during this monitoring period and remind colleagues of the sickness absence policy and triggers when 'return to work' meetings are held.

Date of meeting:

Dates of absence during monitoring period (or state none)	
Is there any underlying reason/s for the absences	
Employee comments	

Line manager's signature:

Date:

Please retain a copy of this form for your records, and send a copy to HR.

APPENDIX C – OH REFERRAL CONSENT FORM

Name of prospective/current employer:

Employee Title:

Surname:

Forename(s)

Date of Birth:

Address:

Consent to undergo a Medical Consultation / Examination - Informed consent must be obtained at any medical examination/consultation/medical test in line with General Medical Council guidelines. (Please tick the following box to confirm points 1-4 below)

1. I have been fully counselled regarding the purpose of this consultation/examination/medical testing, the reason and validity of any investigations which are undertaken and the possible outcomes including implications of the report to my employment.
2. I give consent for the examining occupational health professional to release my medical information to Occupational Medicals medical personnel, for such information to be assessed and to form the basis of a report to my employer.
3. I authorise Occupational Medicals to release medical information from this assessment to my General Practitioner and/or medical specialists regarding the outcome of my case, if necessary.
4. I authorise Occupational Medicals to maintain and process my Occupational Health records in compliance with the Data Protection Act (1998).

Consent to Release a Medical Report to Employer

It is usual for you to receive a copy of the report before it is sent to your employer. However you may wish for the report to be sent to your employer at the same time. Please tick one of the following:

<p>The report has been discussed with me and I wish to have a copy of the report provided to me 2 days before it is sent to my employer. My comments on the report will be reviewed by the doctor and may be used to correct factual inaccuracies in the report. Alternatively my comments will be appended to the report for my employer to consider my responses to the report if the doctor does not consider a change to the report is required. The amended/appended report will be sent at the same time to myself and my employer after receipt of my comments.</p>	
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The report has been discussed with me. I do not wish to have a copy of the medical report provided to me.	
The report has been discussed with me and I am happy to receive a copy at the same time as my employer	

My email address is:

Signed:

Date:

Guidance on informed consent

The tri-partite nature of Occupational Health assessments, as opposed to the two-way dynamic that exists during most medical consultations, means that there is plenty of scope for questions regarding consent to arise. This is even more true in the context of an assessment by one of our network doctors/nurses (regional advisers) where there is a fourth party – the occupational health practitioner – in addition to the other three (employee, Occupational Medicals Chief Medical Officer, and employer).

Your rights and consenting

To provide informed consent you must understand the purpose of the assessment (i.e. what questions the employer is seeking advice about), to whom the information will be sent, what the potential implications could be (i.e. an understanding that the employer's management decisions will be informed by the occupational health advice they receive) and the consent should be given freely.

If you are seeing an independent health professional (network practitioner/regional adviser) the report will be reviewed by the Occupational Medicals Chief Medical Officer and will form the basis of a report to your employer.

The ultimate report to HR or management will only refer to clinical issues which are felt to be of relevance to fitness for work (provided you provide consent for release of relevant clinical information). The final report may draw on other sources of information not available to the network practitioner/regional adviser (e.g. on the basis of a more detailed understanding of the organisational circumstances of the employer).

It is important to note that you have the option to withhold consent to assessment. It is important to note that such a decision may mean that your employer manages their case without benefit of occupational health advice and therefore this option may not be in your best interests.

If you have any other questions with regard to this process please ask the clinician during your consultation or make contact with our administration team on 0118 402 8900

Staff Sickness Absence Procedures

APPENDIX D - FURTHER INVESTIGATORY MEETING

Date:

Attendees included:

Location

Verification of absence data/clarification of triggers. HR will provide a list of absences/reasons (confidential) please go through it with the colleague involved to agree its accuracy – if there are concerns about its accuracy you may need to end the meeting and go back to HR to request they double check the data.

Review notes from previous exploratory meeting (if relevant)

Provide reasons for on-going absences?

Is any additional support required (i.e. OH referral) or reasonable adjustments discussed.
(If either is required, discuss next steps going forward with Principal or Co-Headteacher)

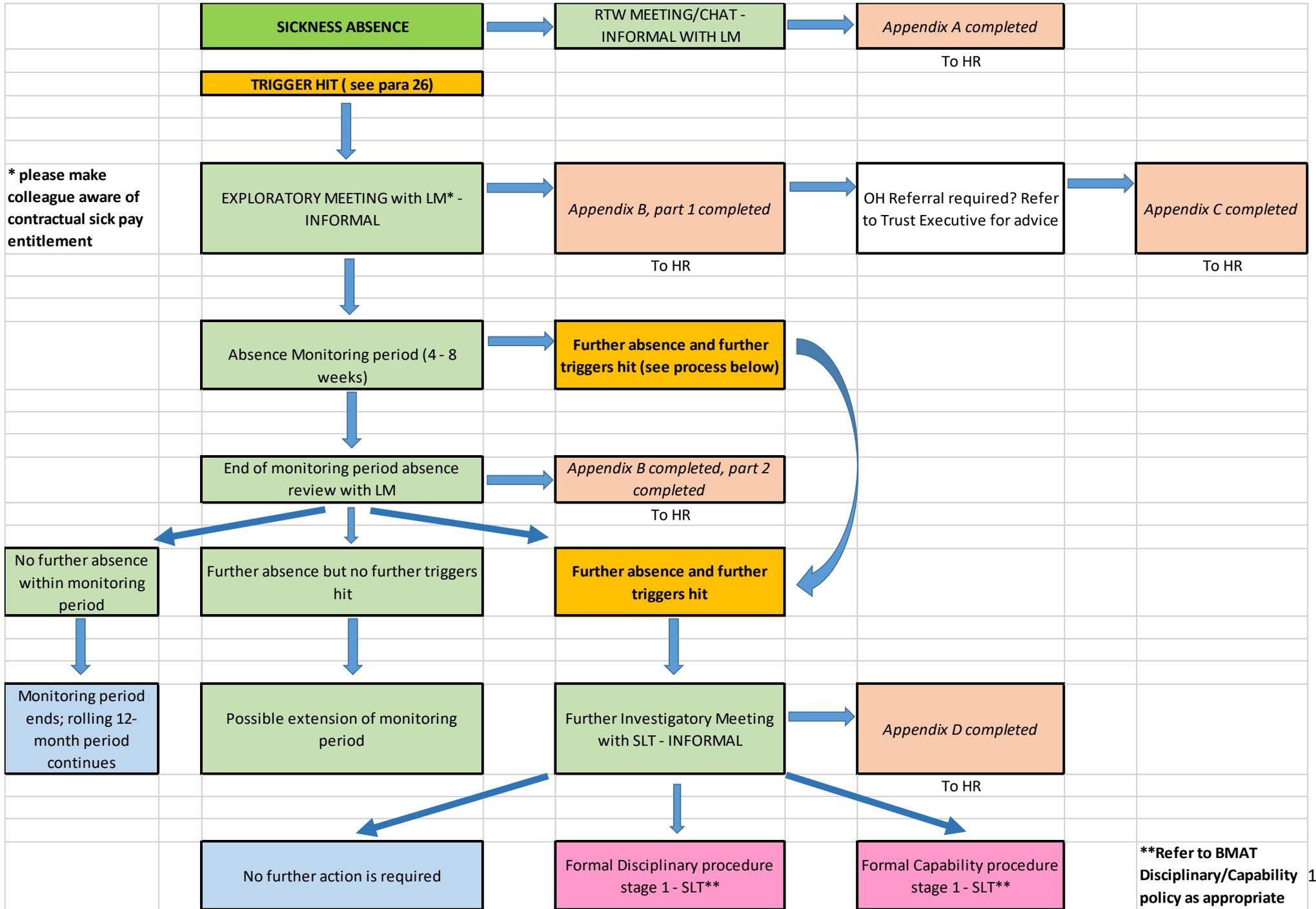
Recommendations. Please indicate one of the following:

1. *No further action necessary beyond absence monitoring in line with policy*
2. *No underlying health condition – disciplinary*
3. *Underlying health condition – capability*

If 2 or 3 is indicated please discuss with the Principal/Co-Headteacher who will then refer to the CEO for action.

SLT Line manager.....

Employee



* please make colleague aware of contractual sick pay entitlement

**Refer to BMAT Disciplinary/Capability policy as appropriate