Sickness Absence and Wellbeing Management Policy

Date First Published	**June 2016**
Version	**7**
Last approved	**October 2026**
Review Cycle	**Annual**
Review Date	**November 2027**

"Learning together, to be the best we can be"

1. Scope

1.1. This policy relates to all schools and settings across Nexus MAT and supersedes any local policies and procedures that have been in use prior to the academy conversion. Where required, an individual Nexus MAT academy – in agreement with the Chief Executive Officer - may publish a supplementary policy guidance document or procedure in line with this policy, to ensure that any idiosyncrasies associated with that specific school are covered in their local policy library.

2. General

2.1. Absence from work, as a result of ill health or wellbeing, is likely to be a natural event throughout the career of any employee. Illness has a debilitating effect on the individual, which has an impact on life both at home and at work. This procedure is designed to help people managers and colleagues understand the steps in the process and to outline the way in which the Trust would like absence from work to be managed sensitively.

2.2. Health and Safety legislation regarding work, places a duty on an employee not to act in a manner that could put themselves or others at risk and also on employers to ensure the work processes, systems and environment do not put employees at risk. The Trust's Sickness Absence Procedure is designed to provide some degree of protection for both parties in this regard by following a prescribed procedure and by completing the appropriate documentation. This process will help to provide essential evidence about the nature of factors which may be affecting the employees' attendance.

2.3. This document and appended Notes of Guidance for Line Managers are designed to outline the management and monitoring process that will apply should employees experience ill health or poor wellbeing while in employment.

2.4. The policy and procedure established by the Trust requires that reasons for absence will be established and that employees will be seen on return to duty to ensure they are fit to be at work and that this takes place on the day of return.

2.5. An employee will be required to attend a formal attendance meeting when their absence record gives cause for concern. This may be as a result of either frequency of absence or reason where this may suggest that there is an underlying cause with an impact on their capability to perform the duties and responsibilities of their post. Employees have the right to be accompanied at any formal stages by a work colleague or Trade Union representative.

2.6. It is clear when illness occurs that the primary aim should always be to seek to assist the employee to return to full fitness as soon as possible. It must be recognised that while ill health affects home life there are also significant implications for the Trust from an employee being absent from work. There are also implications for colleagues covering for the absent employee and coping with any extra work. The delivery of an efficient service to customers may be affected and there is also increased managerial time resulting from making arrangements to cover for the absence. The efficient management and monitoring of sickness absence ensures that the Trust and its constituent academies respond to the individual issues highlighted in any period of absence.

2.7. Such pro-active intervention can identify at an early stage any underlying problems which may be preventing regular attendance at work. By following the steps recommended in this document, line managers should help to ensure colleagues are not at risk while at work, are able to attend work more regularly and thereby also reduce the adverse impact on Trust provision and costs.

2.8. Employees are required to comply with the various elements of this procedure in order to qualify for occupational sickness payments under the Trust's Occupational Sickness Payment Scheme, including the understanding that regular contact with managers is essential in order to provide support and guidance to help facilitate a return to work. They should also keep their Line Manager fully aware of the likely duration and progress through treatment during any period of ill health or poor wellbeing.

2.9. Line Managers are required to ensure employees are fully aware of the various stages of the procedure and are required to implement this procedure by applying the various stages of the process in accordance with the advised timetable, detailed in Appendix A

3. Types of absenteeism

3.1. Absence will tend to fall into one of the following categories; unauthorised absence, long term absence (in excess of four weeks); short term intermittent related absence (up to one/two/three weeks' absence with similar/related conditions); short term apparently unrelated absences (odd days with a variety of reasons).

3.2. Cases of industrial injury should be investigated separately and statements taken from the individual and any witnesses. Line Managers need to take whatever steps are necessary to ensure they fulfil their duty of care towards an employee. This requires that they establish there are no ongoing issues that may affect an employee's ability to return and remain fit for work.

3.2.1. Unauthorised Absence

Occasionally employees fail to comply with the absence notification system, which may result in pay being stopped. In such a situation, the management may have no option but to treat the matter, initially, as absence without permission and, therefore, as potential misconduct. Having given the employee the opportunity to explain their absence, it may be necessary to arrange a disciplinary investigation to determine if there are any genuine, mitigating circumstances to take into account. Should no satisfactory case be made, a warning may be issued in accordance with the Trust's disciplinary procedures rather than the Sickness Absence Procedure.

3.2.2. Short Term Intermittent Absence

3.2.2.1. Persistent unrelated sickness absence, where regular patterns of one, two, three or four days' absence for a variety of reasons have been established, may require the individual to be issued with a warning in respect of this absenteeism.

3.2.2.2. Persistent intermittent sickness absence where there are related reasons, i.e. due to an underlying medical condition may require consideration under the Equality Act 2010. In cases of disability, advice is available from the Trust's HR Team on the handling of such cases.

3.2.3. Long Term Absence

3.2.3.1. Regular contact between the employee and the line manager is vital. It is recommended good practice by the British Occupational Health Research Foundation that initial verbal contact should be made within the first two weeks of absence to see if any early assistance might be appropriate and thereafter at least once every two weeks in order for managers to enquire about their well-being.

3.2.3.2. Early assistance could entail referral for counselling or advice about seeking physiotherapy or other specialist appointments in liaison with their G.P. Employees with long unbroken spells of serious illness should be referred, at management discretion, for discussion with a member of the Trust's HR Team but no later than 4 weeks after going absent. In liaison with the Line Manager medical advice will be sought where appropriate. Where individuals are incapable of attending a meeting with their Line Manager, a member of the Trust HR Team is available to accompany them on a visit to the employee, either at home or other agreed location, if necessary, to ascertain details of the individual's condition.

3.2.3.3. Employees may be referred for an occupational health appointment after 4 to 10 weeks' continuous absence dependent upon the nature of the illness, prognosis for recovery and the need to identify any possible adjustments or modifications to the job, which might allow an early return to work. In other cases, such a referral might be needed when a decision is to be taken on continued employment or after illness to ensure a return to work will not put the employee at risk.

3.2.3.4. In cases where the employee is diagnosed as being permanently unfit for work of a particular kind, reasonable adjustments and/or suitable alternative employment options will be explored before any arrangements are made for applying for retirement on the grounds of ill health. In those cases, where the employee is unable to return to work in the foreseeable future, similar consideration will be given, but ultimately there may be a requirement to take a decision regarding continued employment.

3.2.3.5. In all cases there is a need to balance the employee's likely future health picture and anticipated recovery period against the employer's need for the job to be done.

3.2.3.6. Given the nature of some illnesses, apparently unrelated sickness absence may, at any time, be diagnosed as attributable to a specific medical condition. Employees who have been issued with warnings may become long-term absentees and the procedure for handling these individuals and those suffering from the effects of industrial injury, will have to be varied as appropriate.

3.2.4. Accidents

3.2.4.1. These could occur while at work and performing the employee's normal duties. Records should be filled in as soon as practicably possible after the accident occurs. The employee should complete an accident report form and a line manager should investigate the circumstances of the incident. This should include talking to and obtaining statements from any pertinent witnesses and drawing sketch maps of the vicinity, noting weather conditions, work environment, protective clothing etc, and any other relevant matters.

3.2.4.2. An accident at work resulting in absence from their job of 3 days or more should be recorded as a reportable accident in line with the Trust's Health & Safety Policy. Accidents at work are always to be investigated and should inform practice to avoid these re-occurring. Similarly, frequent accidents reported by the same employee may identify a training need or performance issue that should be urgently addressed.

3.2.4.3. Accidents outside of work as a result of a third party, for example in a car accident, should lead to investigation of the circumstances. In these cases, an employee's occupational sickness payments are advanced on the proviso these monies are reclaimed from the Third Party.

3.2.4.4. Accidents as a result of pastimes, sports or while on holiday could also be covered by insurance and therefore any claims or monies received in respect of lost wages should be repaid to the Trust to offset the occupational sickness payments advanced during the absence of the employee.

3.2.5. Absence related to a Disability

3.2.5.1. When an employee is absent from work and the absence is related to a disability, managers need to consider with sensitivity, whether any reasonable adjustments are necessary to assist an earlier return to work, limit future absence and support the employee in achieving an appropriate level of attendance. If reasonable adjustments are being considered, guidance and support should be sought from a member of the Trust HR Team, who may also be able to advise about external sources from which to access further assistance. Examples of reasonable adjustments could be:

- providing specialist equipment;
- modifying days or hours of work;
- modifying duties;
- Disability leave.
- Extended trigger points

3.2.5.2. All sickness absence must be recorded by the designated administrator; this includes absence related to a disability. When individual sickness absence records are being examined, managers should identify disability related absence to consider if any appropriate adjustments can be put in place to address the underlying reasons for absence. Disability related absence will not be discounted when determining appropriate action under the Trust's sickness procedures, however, trigger points may be extended as a reasonable adjustment.

3.2.5.3. The Trust offers, as a reasonable adjustment, up to 7 occasions of Disability Leave for those employees who have a disability as defined by the Equality Act for assessment, treatment and rehabilitation, including hospital check-ups, medical appointments etc. More information about this can be found in the Trust's Disability Leave policy.

3.2.6. Unwell at work

3.2.6.1. Should an employee become unfit for work whilst in the workplace, managers should ensure that they are able to get home safely. As the employee has attended work on that day, this day would not normally be counted as the first day of sickness. The first day of absence is when an employee is unable to attend in the workplace. However, managers should make a note and if this

happens regularly, they may need to meet with the employee to discuss.

4. Reporting absence

4.1. Telephone Contact

4.1.1. Arrangements should be communicated to employees, normally on appointment and as part of the induction process, which outline the steps an employee is required to take to inform their workplace if they are unable to attend for work. Employees should familiarise themselves with the document "What To Do When You Are Ill". (Appendix G)

4.1.2. The employee makes first contact with work by telephone, verbal contact should be made rather than sending a text message or e-mail, ideally before the time they normally start work, or as soon as practicably possible so that contingency plans can be put in place to cover for the absence. Generally, a specific contact name is provided who should be contacted by a designated time. If the manager is not the person taking the message, then it should be made clear that the manager may attempt to speak to the employee as soon as practicable to check on their wellbeing.

4.1.3. Telephone messages need to record certain important details to facilitate school/work planning such as identifying the employee, where they work, their job title, illness and anticipated length of absence. Regular telephone calls should be made by the employee to update their manager on their progress and if employees are unable to return on the anticipated date, a further telephone call should be made to notify the Line Manager of the revised return to work date.

4.1.4. The Designated Administrator should ensure that the sickness absence details are recorded on the required systems in school/centrally and ensure this is kept up to date.

5. Records

5.1. Employees need to be aware that a record will be maintained throughout their employment detailing the days absent and reasons for absence from

work due to ill health. These records are necessary to calculate entitlements to occupational sick pay and to help Line Managers identify at an early stage any underlying patterns or causes of sickness absence.

5.2. Line Managers should identify, by the process of regular and systematic review of their employee's absence, if absence levels are high or patterns/incidences of absences are evident.

6. Documentation

6.1. Employees are required to complete a Self-Certification Form (**Appendix A**) for every occasion of absence covering up to the first seven days of any absence. Medical certificates issued by a G.P. or Hospital must be submitted for absences continuing after seven days.

6.2. The management team are required to record reasons for absence and to maintain sufficient evidence of the content of discussions to satisfy their duty of care. Where there are specific sensitivities, a record may be overseen by the Headteacher/CEO/Head of HR only. A Return to Work Interview Form is required to be completed which records the brief details anticipated at the short "Return to Work Interview".

6.3. Following formal attendance meetings, a letter should be sent to the employee outlining the content of the discussion and any recommendations or expectations for the future. A copy should also be made and filed on the individual's personal file.

6.4. The Trust has template letter content for use during periods of sickness absence. Whilst these are provided as guidance this does not mean they cannot be varied as appropriate to reflect the discussion that took place and the circumstances relating to each particular employee. Line Managers should exercise careful judgement about the language used in these letters.

7. Criteria to see employees

7.1. To satisfy the duty of care under Health & Safety legislation, managers will need to demonstrate that they have responded to patterns, frequency and reasons of absence. The records provided by self-certificates, G.P.'s medical certificates (fit notes), and return to work interviews provide the basic

information from which managers can start to discharge their duty of care. Frequent or prolonged absence, which affects an employee's capability to perform the duties and responsibilities of their post as often as is required, will necessitate a formal attendance meeting with that employee. Similarly, absence that may be claimed to be attributable to circumstances at work must be carefully investigated.

7.2. As a Multi Academy Trust it is recognised that some employees have transferred to the Trust's employment via TUPE under academisation, whereby all terms and conditions of employment from the previous employer/relevant local authority have been transferred. A summary of the absence review process **(Appendix A)** shows the minimum criteria to be adopted and absence trigger points for when formal attendance meetings should take place for employees in these circumstances as per the relevant authority. For employees who have transferred employment due to academisation the relevant Absence Management Policy can be obtained from the Trust HR Team.

7.3. For all employees new to Trust employment or those starting a new role in their school or team post-conversion (including Central Trust staff) the Absence Management process within this policy is to be adopted (**Appendix A)**

7.4. As a rule it is recommended that the following minimum criteria be adopted for when formal attendance meetings should take place:-

- 3 occasions or 2 working weeks in a 3 months' period (or school term, whichever comes first)
- 4 occasions or 3 working weeks in a 6 months' period
- 5 occasions or more in a 12 months' period
- A continuous absence of over 20 days

The trigger points above include pro-rata criteria for part-time employees.

7.5. In some circumstances Line Managers may be concerned about an employee who does not meet the above criteria. It must always be the case that Line Managers discharge their duty of care by seeing, discussing and recording the outcome of those discussions with the employee to ensure all reasonable steps are being taken to help colleagues to attend work as regularly as possible. Following any formal attendance meeting there should be notes of the discussion and a letter to the employee that should be copied and

recorded on the personal file. There is a formal attendance meeting review form to assist managers through formal reviews.

7.6. Where the sickness absence trigger points have been breached line manager action needs to be taken.

8. Formal Attendance meetings & Return to work interviews

8.1. Return to Work Interviews by Line Managers, Supervisors, etc.

8.1.1. These notes should be read in conjunction with the Notes of Guidance for Line Managers and Supervisors in **Appendix C** to this document.

8.1.2. Line Managers should meet each employee immediately on their return to work, or as soon as possible after any period of absence (but no later than 24 hours after return). This meeting will ensure Line Managers know and record exactly the reasons for absence and that on returning to work the employee is able to resume the duties and responsibilities of their employment. Employees may request for a manager of the same sex from their department rather than their immediate manager if of the opposite sex, if they feel uncomfortable discussing sensitive issues.

8.1.3. In undertaking their responsibilities in relation to the latest absence, Line Managers have an opportunity to review the employee's overall record. Line Managers should initially welcome the employee back to work and record the necessary details on the prescribed documentation. The brief discussion should satisfy the duty of care to ensure the employee is fit to return to either the full duties of their job or the agreed duties as detailed on the Fit Note from their GP. In the vast majority of cases it is anticipated this interview should be all that is required.

8.1.4. Dependent upon the length of the absence or frequency of previous spells of absence, it might be appropriate to help employees recognise, at the return to work interview, the impact their level or frequency of absence has had on the service and their colleagues. There is also an expectation at this Return to Work interview, if the employee's record demonstrates that the sickness triggers have been met, that Line Managers indicate there are concerns about the employee's absence

record and that a formal attendance meeting (Stage 1) will need to be held soon. In this situation it may be useful to arrange a date for the formal attendance meeting and remind the employee that at this meeting they may be accompanied by a TU representative or work colleague.

8.1.5. This early part of the process is recorded by employees having to complete the Trust Self-Certification Form (**Appendix B**) which should be obtained from their workplace on the employee's return to work after any spell of absence. This is the absence record and should contain the necessary details requested on the form. A failure to complete this form or provide the information required will lead to a delay or non-payment of occupational sickness pay.

8.1.6. The Self-Certification Form should be submitted to the Designated Administrator to ensure employees are paid and Line Managers should complete their own record of the details shown on the Self-Certification Form by completing a Return to Work Interview Form (**Appendix B**). The original should be retained locally in the personal file so that Line Managers may refer to it to inform future considerations under the Sickness Absence Procedure. Basic notes about any relevant comments made at this stage of the Sickness Absence Procedure can be kept in a diary or by preparing a very brief file note with a summary of the content of the discussion.

8.2. First Formal Attendance Meeting (Stage 1)

8.2.1. If it is considered appropriate, due to the nature of the absence from work or where the recommended minimum criteria are exceeded, a first formal attendance meeting should take place. Employees should be invited in writing giving 5 working days' notice and given the opportunity to be accompanied by a Trade Union representative or work colleague. The objective of the meeting should be to establish the facts of the latest absence, reason, treatment, medication and the likelihood of possible future absence.

8.2.2. If the attendance is considered likely to improve because of a temporary period of sickness/injury (e.g. broken bones, operations), and normal working has or is likely to resume, the meeting should be quite

brief. A check will need to be made to ensure that the employee is able to sustain their return to work and there are no outstanding issues.

8.2.3. A letter should be sent to the employee and a copy retained on the personal file. From the date the meeting took place the formal review period remains in effect for 6 months. Should the individual's absence improve during the 6 months, the outcome letter will be disregarded after this period.

8.2.4. Following the First formal attendance meeting (Stage 1), if the employee is absent from work for a further 5 days or 2 occasions within the 6 months' review period a further formal meeting must be held. This meeting should consider all the circumstances and representations from the employee. If the circumstances are accepted, then a further review period should be applied within which absence will be monitored.

8.2.5. If there is the possibility of an underlying medical problem, ask sympathetically, for as much information as is available, bearing in mind issues about confidentiality. In these circumstances, employees should be advised that a member of the Trust's HR Team is available for advice/assistance. In cases not referred at this stage, the detail of discussions with the Line Manager should be summarised in a letter to the employee and copied for file. Under the normal review process, if more absence is recorded, then advice should be sought from the Trust's HR Team.

8.2.6. Information provided at Return to Work interviews or later formal attendance meetings may indicate issues that could require the assistance of outside agencies. In these cases, advice should be sought from the Trust's HR Team who may direct employees to Occupational Health, external support providers or counselling services where appropriate.

8.2.7. An underlying medical condition, which appears to be having a significant and long-term effect upon an employee's ability to perform normal day to day activities, should warrant more detailed analysis. This could take the form of a referral for Occupational Health advice or consideration of reasonable adjustments or redeployment opportunities. Advice on these matters should be sought from the Trust's HR Team.

8.2.8. If there is no apparent underlying medical reason for the high level or high incidence of absence and having established that there are no work-related problems, you should inform the employee you expect to record a significant and sustained improvement in attendance. In these circumstances there should be a record made and confirmed in a letter Sickness Written Warning - Outcome Letter to the individual explaining why this level of absence is causing unacceptable disruption to both service delivery and colleagues. This action would represent a Written Warning within the formal Sickness Absence Procedure that remains in effect for a period of 9 months from the date of issue. Should the individual's absence improve during the 9 months, the warning will be disregarded after this period.

8.2.9. Following a formal written warning if the employee is absent from work for a further 5 days or 2 occasions within the 9 months review period a Second formal attendance meeting (Stage 2) must be held. This meeting should consider all the circumstances and representations from the employee. If the circumstances are accepted, then a further review period should be applied within which absence will be monitored.

8.2.10. When a Written Warning has been issued then employees should be informed of their right to appeal against this level of warning.

8.3. Second Formal Attendance Meeting (Stage 2)

8.3.1. A second formal attendance meeting (Stage 2) is held if there has been a failure to meet the attendance target set at the first formal attendance meeting (Stage 1). A further attendance target and formal review period is set. This would most commonly be for a period of 9 months with a similar target as the first stage meeting.

8.3.2. Opportunity should once again be given for the employee to be accompanied by a Trade Union representative or work colleague.

8.3.3. In cases where absence is persisting, a likely date of return needs to be established. This may be obtained by either contacting the individual's G.P. (with the employee's consent) or after liaison with the Trust's HR Team, when the employee **will be required to attend a medical assessment with the Occupational Health service.**

8.3.4. Where permission to write to their G.P. is not given, decisions on a future course of action regarding the absence must be made based on the information available.

8.3.5. The medical referral process should form part of any consideration regarding future employment. The information received should help Line Managers determine the future direction of the management of the employee's absence. However, it may not be possible, even where an employee has a long-term condition, to give a clear opinion about when a possible return to work might be anticipated. It is possible, for example, that medical treatment may not have commenced or be leading to any immediate improvement. In these circumstances the Line Manager must consider how long they are able to wait for the situation to become clearer, balanced against the operational needs of the service. An indication should be given to the employee in writing about the possible intentions and outcomes of the process, which might also include consideration about future employment.

8.4. Third Formal Attendance Meeting (Stage 3)

8.4.1. If a referral to OH has not already been made, this **MUST** be done prior to the Third Formal Attendance Meeting (Stage 3).

8.4.2. A meeting is to be held at Stage 3 if there has been a failure to meet the attendance target set at the second formal attendance meeting and a failure to improve their attendance over a sustained period. A potential outcome of this meeting is dismissal on the grounds of unsatisfactory attendance.

Where an employee's attendance improves and they meet the attendance target, the manager should write and confirm this and advise the employee that their attendance at work will continue to be monitored for a period of 12 months. Should an employee exceed the trigger points within this 12 months' period the manager should decide, dependent on the circumstances, whether further formal action is necessary. If employees are placed back into the formal process they will not automatically revert to the first formal stage, which stage they return to will be dependent on the individual circumstances.

8.4.3. It would be anticipated that, at this stage, all mitigating circumstances have already been considered. It should be made explicit at the outset and in writing, when the employee is called to a third formal attendance

meeting (Stage 3), that it could result in a decision being made to dismiss them from employment with the Trust.

8.4.4. Every attempt should be made to explore alternative strategies to dismissal, but it is sometimes necessary, despite having medical certification and genuine reasons for absence, to issue notice to terminate employment. This may be on the grounds of a lack of 'capability' to fulfil the contract of employment.

8.4.5. Where a decision to terminate employment is made the employee will be informed of their right to appeal.

8.4.6. An employee may appeal against the third stage outcome by writing to the CEO requesting a review of the decision. The letter must specify the reasons for appeal and must be made within ten working days of receipt of the outcome letter. Where an appeal is made it is heard by the CEO. Appeals will be conducted in line with the processes detailed in the disciplinary procedure. There will be no further right of appeal against the outcome/decision.

8.4.7. The Occupational Health specialist may in circumstances of permanent ill health be able to support an application for ill health retirement. For any application for ill health retirement to be supported the employee will need to be under the care of a Consultant and be diagnosed with a permanent condition. In view of the advances in medical treatment, it is difficult for medical opinion to accept that employees will not recover. However, such judgements are made giving due regard to the age of the employee, the nature of the illness and the duties to be performed in the relevant post or reasonable alternative post. If ill health retirement is to be pursued separate procedures need to be completed in conjunction with the Trust's HR Team before access to pension benefits can be obtained.

At any stage of the process consideration should be given to disability adjustments and an employee can be 'reset' an attendance target at the existing stage they are at, dependent on the circumstances.

9. Employee Wellbeing

9.1. Nexus Multi Academy Trust recognise that the health, happiness and wellbeing of our employees is vital to ensure a successful and sustainable Trust. We also know that for our employees to support our children, families, colleagues and communities it is essential that we support our workforce in the same way.

9.2. A healthy, happy workforce is said to be more engaged and productive, with a positive working environment leading to less staff absence and turnover which can only have a positive effect on our pupils and school communities.

9.3. The Trust aims to create, promote and maintain a workplace environment that supports the health and wellbeing of all staff through workplace practices, and encourage staff to take responsibility for their own health and wellbeing.

9.4. The Trust recognises that mental and physical health are equally important and acknowledges the potential impact that work and homelife can have on both.

9.5. The Trust is committed to tackling workplace factors that may negatively affect physical and mental health and wellbeing. It aims to foster a positive health and wellbeing culture that includes awareness, understanding, effective processes and positive behaviour by all employees

9.6. **Roles and Responsibilities**

9.6.1. The Board of Directors, and Trust Executive leaders will:

- Develop a culture of co-operation, trust and mutual respect across the Trust;
- Champion good management practices and ethical, empathetic leadership that encourages staff to maintain a reasonable work life balance and their own health, wellbeing and happiness;
- Promote effective communication within the Trust, through management structures at the Trust, through Academies, departments and individual teams;
- Encourage initiatives that promote health and wellbeing, and allocate reasonable and appropriate funding to support the health and wellbeing of staff employed by the Trust;
- Review management information which will enable the Trust to measure its performance in relation to employee wellbeing on an annual basis.

9.6.2. Headteachers and Senior Line managers will:

- Actively support and contribute to the implementation of this policy;
- Create a culture within each school that focuses on health, wellbeing and happiness of the workforce;
- Recognise that employees need to balance their work and home lives and responsibilities;
- Create a culture where staff know they can raise concerns and their concerns will be treated seriously and sympathetically; with appropriate procedures and policies in place to act;
- Ensure that staff are appropriately trained for the work they are required to undertake;
- Be prepared to review individual workloads and objectives to ensure work life balance issues are addressed;
- Treat the health, wellbeing and happiness of all staff equitably;
- Ensure that staff are aware of sources of support within the Trust, school and in the local community;
- Ensure that Line Managers are appropriately trained on health and wellbeing issues;
- Ensure in, conjunction with the HR team, that there are arrangements in place to support individuals experiencing poor health and wellbeing, such as RTW meetings (Return to Work), Risk Assessments and Wellbeing Action Plans, referring individuals to the Trust's Occupational Health advisors where necessary.

9.6.3. Line Managers will:

- Attend training as appropriate to increase their awareness of health and wellbeing issues at work;
- Establish reasonable workloads for individuals considering their post, experience and their capabilities to establish fair and equitable workloads across staff groups;
- To routinely take stock of individuals' wellbeing and mental health in 1:1 meeting, performance management meetings and supervision meetings;
- To organise a welfare meeting, in conjunction with the Trust HR Department, for any member of staff who may require support. If a member of staff is identified as requiring mental health support encourage them to contact a Mental Health First Aider in the Trust.

9.6.4. Employees and volunteers will:

- Take responsibility and reasonable care of their own physical and mental health and wellbeing by adopting good healthy behaviours;
- Take reasonable care that their actions do not affect the health, safety and wellbeing of others in the workplace;
- Take responsibility to promote a positive working environment that aims to help them and their colleagues to feel included, supported and empowered to talk openly and without judgement;
- Raise concerns with their line manager if they feel there are issues that are having a negative impact on their health, happiness or wellbeing.

9.4 Wellbeing Resources

9.4.1 The Trust utilise the Nexus Portal to distribute useful resources and information linked to health, wellbeing and happiness

9.4.2 We recognise that whilst employees can be supported within the Trust, advice from external professionals may need to be sought. Alongside our Mental Health First Aiders the Trust accesses services from other providers to include:

- Our own Senior Leadership Teams
- Our Mental Health First Aiders
- Occupational Health Provider
- Employee Assistant Programme Provider for access to counselling including CBT, legal and advice helplines and services
- Reward scheme Provider for financial wellbeing support
- NHS Mental Health Services
- Mediation Service
- Other online / telephone helplines and charities

Appendix A: Summary of absence review process

All employees of Nexus MAT not in receipt of TUPE following conversion & Rotherham Metropolitan Borough Council

First Formal Attendance Meeting (Stage 1)	A short term absence review trigger point is defined where a staff members record shows: • 3 occasions or 2 working weeks in a 3 month period (or school term, whichever comes first) • 4 occasions or 3 working weeks in a 6 month period • 5 occasions or more in a 12 month period • A continuous absence over 20 working days
Second Formal Attendance Meeting (Stage 2)	Following the First Formal Attendance Meeting (Stage 1), if the employee is absent from work for a further 5 days or 2 occasions within the 6 months review period a Second Formal Attendance Meeting (Stage 2) must be held. Following a formal written warning if the employee is absent from work for a further 5 days or 2 occasions within the 9 months review period a Third Formal Attendance Meeting must be held. OH referral must be made no later than Stage 2
Third Formal Attendance Meeting (Stage 3)	Those employees, whose absence records do not show the necessary sustained improvement, and there has been a failure to meet the attendance target set at the Second Formal Attendance Meeting (Stage 2) and a failure to improve their attendance over a sustained period. A potential outcome of this meeting is dismissal on the ground of unsatisfactory attendance.

DONCASTER COUNCIL

First Formal Attendance Meeting (Stage 1)	A short term absence review trigger point is defined where a staff members record shows: • 8 working days of absence, in any 'rolling' twelve month period, and/or; • 3 periods of absence or more in any 'rolling' twelve month period, and/or; • a pattern of absence which is causing concern, for example, regular Friday or Monday absences or absences regularly occurring at a particular time of month or year. (Where a member of staff works less than a 5-day working week then the working days trigger points should be pro rata-ed) A long term absence review trigger point is defined as: • any period of continuous absence of 4 weeks (28 days) or more. Following the First Formal Attendance Meeting, the individual will be advised that their absence will be monitored over the following 3 months, with a monitoring period set of no more than 2 occasions or 2 days of absence. If the employee's attendance during the 3-month monitoring period improves significantly and they do not reach the revised trigger points, they will be advised in writing that their absence has reached a satisfactory level. They will also be advised that their absence will continue to be monitored over the following 6 month period and that if they reach a trigger point during that

Appendix A: Summary of absence review process

	6 month period they will automatically re-enter the procedure at the same stage.
Second Formal Attendance Meeting (Stage 2)	If attendance level is still unacceptable a Second Formal Attendance Meeting (Stage 2) is to be scheduled .i.e. for short term 2 days/2 occasions or more in 3 months monitoring period, or no return to work from long term absence. Or following a successful 3 month monitoring period for short term 2 days/2 occasions or more in 6 months, or no return to work from long term absence. If it can be objectively justified, for example to demonstrate a continuing and sustained improvement in attendance, managers may consider extending monitoring periods to a maximum of 12 months. If the employee's attendance during the 3-month monitoring period improves significantly and they do not reach the revised trigger points, they will be advised in writing that their absence has reached a satisfactory level. They will also be advised that their absence will continue to be monitored over the following 6 month period and that if they reach a trigger point during that 6 month period they will automatically re-enter the procedure at the same stage.
Third Formal Attendance Meeting (Stage 3)	If attendance level is still unacceptable and/or no return to work has occurred a Third Formal Attendance Meeting (Stage 3) is to be scheduled. Attendance at a formal hearing may be requested with a case for potential dismissal.

NOTTINGHAM CITY COUNCIL

First Formal Attendance Meeting (Stage 1)	A short-term absence trigger is defined as below, and may result in a First Formal Attendance Meeting (Stage 1) being arranged: **Teachers** The trigger levels for teachers are 12 days (pro rata for part-time employees) or 4 occasions within a rolling 12 month period. **Support Staff** 10 days (pro-rata for part-time employees) or 3 occasions within a rolling 12-month period In terms of triggers, half a day will count as a single occasion. An employee can 'trigger' on four occasions within a 12 month period by being absent for 4 (Support Staff) or 3 (Teachers) sessions i.e. 3/4 afternoons. An outcome of the Formal Attendance Meeting (Stage 1) may be a Notification of Concern on file, for six months. The number of absence days and occasions, which should not be triggered within this six-month period, must be outlined in the outcome letter.
Second Formal Attendance Meeting (Stage 2)	Following the First Formal Attendance Meeting (Stage 1), if the employee fails to sustain the reasonable levels of attendance outlined in the Stage 1 meeting, then a Second Formal Attendance Meeting (Stage 2), should be arranged.

Appendix A: Summary of absence review process

	An outcome of the Second Formal Attendance Meeting (Stage 2) may be a Notification of Concern on file, for 12 months. The number of absence days and occasions, which should not be triggered within this 12-month period, must be outlined in the outcome letter If the sickness absence has reduced below the trigger level after 6 months, the notification of concern will be regarded as having reduced to the status of a first level notification of concern. If the sickness absence remains below the trigger level after a further 6 months, the notification of concern will be regarded as lapsed and it will be treated as spent.
Hearing	If the employee fails to sustain the reasonable levels of attendance outlined in the Second Formal Attendance Meeting (Stage 2), a Hearing will be arranged with the potential of dismissal.

SHEFFIELD CITY COUNCIL

Informal Stage – Management Intervention	Where a staff member has met one of the below trigger points, an Informal Stage Meeting should be held: • any pattern of absence which gives cause for concern • a third period of absence in a term • 4 absences in the previous 12 months A long term absence review trigger point is defined as: Following 6 weeks absence or where it is apparent that absence will extend beyond this period The outcome of this meeting should be a period of informal monitoring, specifying the expected attendance levels over a period (3/6 months). If the staff members absence is not satisfactory during this period, a First Formal Attendance Review Meeting will be arranged.
First Formal Attendance Meeting (Stage 1)	On an appointed review date from the Informal Stage Meeting, a first formal review will take place. • If attendance is not satisfactory the employee will be issued with a Stage 1 Formal Improvement Notice, a further monitoring period, targets and further review date.
Second Formal Attendance Meeting (Stage 2)	On an appointed review date from the First Formal Attendance Meeting (Stage 1), a second formal review will take place. If attendance is not satisfactory the employee will be issued with a Stage 2 Formal Improvement Notice, a further monitoring period, targets and further review date.
Third Formal Attendance Meeting (Stage 3)	If attendance remains unsatisfactory a Stage 3 - Dismissal Hearing where termination of employment may be considered will be convened.

Appendix B

Nexus T&Cs Self Certification & Return To Work Interview Form

Strictly Confidential – For employees on Nexus Terms and Conditions only

Part A: To be completed by the Employee's Line Manager		
Employee Name:		
Place of Work:		
Job Title:		
Date & time notification received:	First day:	Further contact on:
Reason for absence:		
Expected date of return (if known):		
Has employee reported in line with sickness procedure?	Yes ☐ No ☐	
Have employee responsibilities been explained? **e.g. confirmation of team/dept, contact & reporting arrangements inc. who to report to, frequency of contact & certification/fit note requirements*	Yes ☐ No ☐	
Is an Occupational Health referral necessary?	Yes ☐ No ☐	
Is the absence a result of an industrial injury or prescribed industrial disease? If **YES**, has the employee reported the accident? a) Using the appropriate Accident Reporting Form b) To the Health & Safety Team * ***Where the accident is reportable to HSE under RIDDOR regulations, please contact the H&S team***	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐	

Part B: To be completed by the Employee upon return to work – all questions must be answered.	
On what date did you first become ill/injured?	
On what date did you actually return to work?	
What was the reason for your absence? **Give a description of your illness/injury. Reasons stated as 'sick' or 'unwell' etc. are not acceptable, a specific description should be detailed.*	
Is there a likelihood of re-occurrence of illness or potential for further absence linked to this period of sickness?	
Have you consulted a doctor or hospital/specialist about this absence? If so, on what date and what advice was given?	

To be completed by the Employee's Line Manager – Nexus T&Cs	
Have formal sickness absence triggers been hit *or* attendance monitoring target exceeded? Nexus sickness absence triggers (or relevant triggers as per **Appendix A**) • 3 occasions or 2 working weeks in a 3-month Period • 4 Occasions or 3 working weeks in a 6-month period • 5 Occasions or more in a 12-month period • Continuous absence of over 20 days	Yes ☐ No ☐
Sickness Review Meeting to be arranged as per Nexus Sickness Absence Policy: **Please see sickness procedure for details of notification periods & requirements*	N/A ☐ Stage 1 ☐ Stage 2 ☐ Stage 3 ☐
Has the absence been recorded in the payroll system?	Yes ☐ No ☐

Are you fully fit to resume all aspects of your role? ****If No, immediate referral to OH.***	
Number of working days lost to absence:	

Part C: Return to Work Interview
Discussion Points: Suggested discussion points could include • Is there anything the manager needs to be aware of which may impact your ability to attend work regularly? *(planned treatment, medical appointments)* • Is there a requirement for the employee to consider any lifestyle changes to aid positive health & sustain regular attendance?

- Are there any work-related issues impacting attendance at work? *(If yes, consider use of Stress Risk Assessment Document to address any stressors and identify appropriate support)*
- What support has been considered, offered and/or agreed in assisting the employee to sustain regular attendance at work, including consideration of reasonable adjustments?
- Any concern/patterns or trends to attendance which management wish to discuss?

Declaration: to be read and signed by Employee & Manager

I declare that as a result of illness/injury my absence commenced on _____ and that the information given by me in Part B of this form is true and complete. I understand that to give false information on this form may result in disciplinary action being taken against me in accordance with my Employer's disciplinary procedure.

Signed: Employee: …… Date: ……..

Signed: Line Manager: …… Date: ……

Introduction

Management responsibilities primarily consist of ensuring employees are fit to be at work and are not put at risk from work practices, equipment or the work environment. To discharge these responsibilities a number of steps are required to ensure both the employee and the employer have confidence that issues of sickness absence are managed properly.

Listed below are the anticipated steps you will need to ensure are in place to discharge your responsibilities under the Sickness Absence Procedures:-

Telephone contact

Arrangements should be communicated to employees, normally on appointment and as part of the induction process, which outline the steps an employee is required to take to inform the service if they are unable to attend for work.

The employee makes first contact with work by telephone, verbal contact should be made rather than sending a text message or e-mail, ideally before the time they normally start work, or as soon as practicably possible so that contingency plans can be put in place to cover for the absence. Generally, a specific contact name is provided who should be contacted by a designated time. In most cases, this should be the school office. If the manager is not the person taking the message, then it should be made clear that the manager may attempt to speak to the employee as soon as practicable to check on their wellbeing.

Telephone messages need to record certain important details to facilitate provision planning such as identifying the employee, where they work, their job title, illness and anticipated length of absence. Regular telephone calls should be made by the employee to update their manager on their progress and if employees are unable to return on the anticipated date, a further telephone call should be made to notify the Line Manager of the revised return to work date.

Self-Certification

A Self-Certification Form is required for every spell of absence (even 1 day's absence), up to the requirement to supply a doctor's medical certificate (Fit Note) after 7 days of continuous absence. Employees normally should obtain this form from their Line Manager or Supervisor immediately on return to work. Where absence is indicated to last more than 4 days this form should be sent to the employee for immediate completion and return while still off work.

Return to Work

Appendix C: Guidance notes

The aim of undertaking a brief Return to Work interview is to help Line Managers or Supervisors to satisfy their duty of care under Health and Safety legislation.

Line Managers or Supervisors need to meet each absent employee as soon as practicably possible on their return to work following any period of absence. Employees may request for a manager of the same sex from their department rather than their immediate manager if of the opposite sex, if they feel uncomfortable discussing sensitive issues.

This is not a "disciplinary type" interview but a brief, CONFIDENTIAL and relatively informal contact, which should happen for every employee to ensure they are fit to return to work and to let them know they were missed.

It is also an opportunity to discuss at an early stage any domestic or work related problems that may be responsible for absence from work.

Managers should complete a Return to Work Interview form **(Appendix B)**, the original of which is retained on the personal file of the employee. This information should mirror the details the employee submits on their Self-Certification Form and include any relevant comments for future sickness absence management purposes.

Managers should ensure that the return to work date is recorded as the end date for that specific period of sickness absence by the school office.

It is important for Managers and Supervisors performing the first informal return to work interview to remember these points when conducting the interview:-

a. Each employee is an individual with their own set of circumstances and deserves to be consulted in a reasonable manner with sympathy, understanding and compassion.
b. The return to work interview is designed to be a brief establishment of the facts resulting in the absence. The interview should be confined to the absence and related circumstances and should take place in an appropriate (i.e. confidential) environment. This discussion should not stray into areas of conduct or job performance for which separate procedures exist.
c. It provides an opportunity to briefly review each absent individual's attendance record.
d. Managers and Supervisors need to consider in the light of the points above, whether any further action may be necessary. (Fill in the comments box of Return to Work Form indicating if a record is giving cause for concern).

Advice about a potential course of action or response to absence from work can be obtained from the Trust's HR Team. Whilst it is preferable to have sought advice before any face to face interaction it is possible for you to briefly adjourn

proceedings or come back to the employee later that day after seeking telephone advice.

The review at this initial stage to consider an appropriate way forward should take into account matters such as:-

- the length of the various absences and periods of good health in between;
- the likelihood of the current level of absence recurring or some other illness arising;
- the impact on those who work with the employee and the overall effect on the school and its children and young people;
- the likelihood of suitable alternative employment being available or acceptable.

Line Managers or Supervisors should NOT be issuing official cautions at brief Return to Work interviews.

You should, however, be able to judge the circumstances applicable to an individual and deal with them reasonably in this first brief review of sickness absence. It would be appropriate to point out to an employee, where their record is giving cause for concern that further absence could result in a formal review with yourself or a more senior officer in the Trust. In some cases, especially where long term conditions or frequent related absences are recorded, it may be necessary to refer employees for a medical opinion from the Occupational Health service. Employees should be reminded of this requirement at an appropriate return to work interview so that the referral, when this is made, does not worry the employee unnecessarily.

Where an employee has had previous absence, it would be appropriate for Line Managers to make early intervention in the management of the sickness absence. Employees who have further time off for a pre-existing condition or where previous warnings for sickness absence have been issued, should be kept under close review.

Referrals

In certain circumstances the frequency, length or reasons for absence will require the case being dealt with under the formal procedure. This could be with the Headteacher/Senior Manager as a formal interview and may, if considered appropriate, include an officer of the Trust's HR Team to advise on a suitable approach to the circumstances of the case. One such response may be to request the employee to attend a referral to Occupational Health if a professional medical opinion is felt necessary. The Headteacher/Senior Manager should prepare information about the job and absence record to accompany the letter arranging the

medical referral. Occasionally employees are worried about such a referral, but generally this uncertainty results from Line Managers not explaining or reminding colleagues that such a referral is an integral part of the procedure.

Long Term Absence Reviews

Regular contact between the employee and their employer is vital and it is recommended good practice by the British Occupational Health Research Foundation that initial verbal contact is made by the Headteacher or other designated senior leader within the first two weeks of absence and thereafter at least once every two weeks. This should be handled sensitively and be primarily to seek to identify if any support or help can be given at the earliest possible stage. For example, depending on the reason for absence, external agencies could be identified as a source of support or assistance. It would therefore be important to ensure appropriate but sensitive contact is maintained regarding progress towards full recovery so that the Trust can respond accordingly.

In the very rare case of absence where there is clear evidence to suggest that a personal telephone call may be considered inappropriate, managers should seek advice from the Trust's HR Team.

Some employees may not welcome contact, but it should be explained that certain requirements have to be met to try to support the employee as far as possible and of course to maintain eligibility to occupational sickness payments. In these extremely rare cases of avoiding contact the necessary links can be maintained through an intermediary such as a Trade Union representative, work colleague or other family member. Concerns about such contact may be alleviated if employees understand the various stages of the absence procedure in advance of any illness and therefore will expect contact to be made.

In determining the appropriate response to any absence Line Managers or Supervisors should consider the following:-

- Nature of illness;
- Length of service
- Operational Priorities - How long can you cover this absence (Cost/Pressure/implications for children and young people);
- Previous warnings/Absence record;
- Where work is allegedly attributed as the reason for absence either through injury or illness.

Careful judgment will be necessary where employees have had lengthy absence either due to the same medical problem or because of various illnesses. If

Headteachers/Senior Managers are unsure of the appropriate steps then advice on possible courses of action should always be sought from the Trust's HR Team.

As deemed appropriate throughout the period of absence it may be necessary to require an employee to attend a meeting to discuss their long term absence from work. This meeting would normally be at a work location but in certain circumstances, dependant on the nature of the medical condition, or views of the employee and their representative, this could be held at the employee's home or a neutral location.

The meeting is an opportunity to re-establish face to face communications with an absent employee and to determine an appropriate way forward. There is a Sickness Interview Form to assist Senior Managers through formal reviews.

The detail of the discussion should include the following:-

- An indication of the likely medical prognosis;
- A formal record of the status of the absence;
- Detail of medication being prescribed;
- Explain next steps e.g;
    - Continue recuperation,
    - Set date for review,
    - Consideration of reasonable adjustments/modifications,
    - Potential for formal visits or phased return to work,
    - Arrange medical.

Following the meeting a letter confirming the discussions held should be sent to the employee.

Rehabilitation to work

It is important for Senior Managers to consider taking positive steps to re-integrate employees back into work at the earliest available opportunity. This could include consideration of a return to work in a supernumerary capacity to perform some work within their setting prior to returning to their job.

This could only be considered where the proposed temporary arrangement was supported by medical opinion and after discussion with the Trust's HR Team. It should, for example, be possible in some circumstances for employees seeking to return to work after a lengthy absence to work alongside colleagues or to provide additional general administrative support. This arrangement should only be for a short period of (no longer than 6 weeks or a half term, whichever is longest) while

full rehabilitation into the substantive post is achieved or while awaiting the identification of a suitable alternative job.

It is important that any such supernumerary situation is kept under close review. These arrangements are only suitable in the circumstances where a full return to work is anticipated in the near future and therefore this action can be a positive step to help ease an employee's return to work.

Any setting will derive some benefit over this period by their employee returning to work early and therefore should seek to actively explore possible applications of such arrangements. Of course, an employee may not recover sufficiently in this designated rehabilitation period or suffer further ill health, which then requires additional absence from work. In limiting the period of rehabilitation to a short period of no more than 6 weeks or a half term this should ensure there is no loss of benefit from the Department for Work and Pensions.

One of the hardest steps in respect of long term absence is how the employee can best be rehabilitated into work. It is advisable for the employee, while still certified as absent from work, to have made some short-term preliminary visits to work. These may initially be short visits or meetings but should progressively increase to ensure the employee has the capacity to attend for work on their return and undertake the full range of duties and responsibilities of their post. This should also minimise the potential for a relapse and help the employee come to terms with work after a long spell of absence.

A further step to consider would be the potential for a limited phased return to work. This could incorporate the use of an employee's unused but accrued annual leave (where applicable) entitlement to allow a 3- or 4-day week on receipt of certification that the employee is fit to return to work. This should follow from a planned programme of visits and be restricted to a period of no more than 6 weeks or a half term to ensure the return can be sustained.

Adjustments and Modifications

In the light of a "long term condition", which has a substantial and long-term effect on normal day to day activities, Headteachers/Senior Managers need to give consideration to potential reasonable modification or adjustment to a job, so that an employee can return to work and continue in their post.

This could, for example in the case of recovery from broken bones, be for a limited period while full strength is recovered to enable the full range of duties are performed.

In more fundamental restrictions to normal day to day activities the modification or adjustment may become permanent. Advice on these matters should always be sought from the Trust's HR Team. The Trust seeks to make balanced judgements in these circumstances and therefore the advice of Human Resources will endeavour to promote a consistency of approach and identify access to potential providers of support.

Alternatively, consideration may be given to researching redeployment options into suitable alternative employment in the same or other service.

Redeployment

Redeployment to other work is to be considered a serious potential opportunity to be assessed by Headteachers/Senior Managers and the Chief Executive Officer (who has oversight of all academies/settings within the MAT). Such considerations need to have due regard to available posts matched against the skills, qualifications, and capabilities of the redeployed employee. Similarly, the suitability of any redeployment will need to have regard to the reason for the sickness absence and the possibility of a recurrence of absence in the future.

Potential opportunities may be identified by referring to potentially suitable advertised vacancies on the Trust's Internal Vacancy Bulletin.

Redeployment on the grounds of ill health will be on the terms and conditions appropriate to that post **NOT** the post being vacated.

Recording

Details of any agreement on returning to work in these circumstances should, as should any formal discussion with employees, be confirmed in writing with a copy retained on file together with notes of the interview.

Where a medical opinion is required:-

a. The Trust's HR Team should be requested to plan with the Trust's designated Occupational Health Service provider;

b. Line Managers need to prepare a comprehensive and objective information package about the employee's duties and absence record and pass to Occupational Health to inform their consideration of the circumstances;

c. On receipt of a medical opinion after the referral, Headteachers need to meet with their employee to decide on the next course of action as outlined above in the paragraphs above.

If medical opinion indicates a return is unlikely to be imminent and that no adjustments or modifications are applicable, it will be necessary to call the employee to an interview. The employee needs to have been made aware at a previous interview that ultimately, if their absence persisted or operational priorities dictated, then a future interview, held after an appropriate timescale for recovery has elapsed, will likely have to give consideration to their continued employment.

Where an employee has had previous absence and/or is in receipt of a Final Written Warning it would be appropriate for Headteachers/Senior Managers to make early intervention in the management of the sickness absence. It is expected that employees in the situation of having previous warnings for sickness absence are kept under close review. This could, in the light of further spells or continuing absence, result in a meeting being called at which consideration would be given to the employee's continued employment.

At this interview an explanation of the medical prognosis, balanced against the school and Trust operational priorities, will need to be shared with the employee. It will be appropriate to give an indication at this interview of appropriate incapacity benefits, pensions and associated procedures. In the case of a member of the Local Government or Teachers' Pension Scheme the decision may be that the employee may retire on ill health grounds.

In these cases, if medical opinion confirms the employee has a condition that is deemed permanent and which is preventing the employee from returning to their job, the Trust may, in conjunction with the employee, set in motion the process by which ill health retirement might be obtained. If there is an inconclusive medical opinion or where treatment has not yet resulted in recovery within a timescale that is acceptable to the Trust then even where employees are members of a Pension Scheme a decision will have to be made to issue notice to terminate employment.

The ability to dismiss fairly from employment obviously depends upon the facts of each situation. As outlined previously the employee should understand such consideration is being considered and have been previously issued with appropriate warnings.

A decision to dismiss from employment must only be taken in consultation with a member of the Trust's HR Team attending such an interview. A dismissal should be in accordance with the terms of the contract of employment, the Trust's Scheme of Delegation, and confirmed in writing to the employee.

Even if such a decision is taken, subject to their condition continuing or subsequently being deemed permanent by their own consultant, a member of the Local

Government or Teachers' Pension Scheme can still establish a retrospective entitlement to their pension benefits.

Employees who are not members of the Local Government or Teachers' Pension Scheme should be issued with notice to terminate their employment, as they will not be eligible to any pension benefits on permanent or frequent ill health that prevents them from performing the duties of their job. They should be made aware that they could be eligible to receive one or more of the ranges of state benefits.

Employees should be notified that they do have the right to appeal against this decision within 7 days of the date they receive the letter.

Access to Medical Reports Act 1988 - Explanatory Note for Employees

This note sets out your statutory rights under the access to Medical Reports Act 1988 and explains the procedure for applying these rights.

Nexus Multi Academy Trust cannot apply for a medical report from a doctor who has been responsible for your physical or mental health care without your consent. Furthermore, the consent form asks, in accordance with the Act, whether you wish to see the report before it is sent to the Trust.

The Trust (via the employing school/academy, unless centrally employed) will inform your doctor of the fact that they wish to access your medical report and will notify you of the date that the application for the medical report is actually made.

You then have twenty-one days in which you must plan to see the report with your doctor. There is no charge for reading the report, but should you request a copy of it from your doctor you may be charged a fee to cover the cost of doing so. When you have seen the report, you are entitled to ask the doctor to amend any part of it which you consider to be inaccurate or misleading. If the doctor does not agree to amend the report as requested, you will be able to attach a written statement to the report giving your view on its content.

Whether or not you decide to see the report before it is supplied to the Trust, the doctor will be obliged to keep a copy of the report for at least six months after the date it was supplied, and you will be entitled to have access to that report.

Please note that the doctor is not obliged to let you see those parts of the medical report that they believe would be likely to cause serious harm to your physical or mental health or that of others, or which would reveal information about another person or the identity of a person who has supplied the doctor with information about your health unless that person also consents. In those circumstances the doctor will notify you and you will be limited to seeing any remaining part of the report.

Reports arising from examinations by the District Medical Officer, which may be requested in accordance with your Conditions of Service, would normally fall outside the Act, but it is the practice of the Trust to show such reports to individuals when received.

You are advised to keep this explanatory note for further reference.

Appendix E: Occupational sick pay

Sickness entitlements to occupational pay

Payments made during periods of sickness are usually made up of two elements:

a) A Statutory Allowance which is usually Statutory Sick Pay (SSP)

b) The Authority's Occupational Sick Pay (OSP)

Occupational Sick Pay

Subject to your satisfactory completion of the requirements of the Trust's Occupational Sickness Payments Scheme you will be entitled to receive sick pay as detailed in the table below.

During 1st year of service	1 month's full pay and (after completing 4 months service) 2 months half pay
During 2nd year of service	2 months full pay and 2 months half pay
During 3rd year of service	4 months full pay and 4 months half pay
During 4th and 5th year of service	5 months full pay and 5 months half pay
After 5 years' service	6 months full pay and 6 months half pay

Teachers Sick Pay Entitlement

During the first year of service	Full pay for 25 working days, and after four months' service, half pay for 50 working days
During the second year of service	Full pay for 50 working days and half pay for 50 working days
During the third year of service	Full pay for 75 working days and half pay for 75 working days

Appendix E: Occupational sick pay

During the fourth year of service	Full pay for 100 working days and half pay for 100 working days

Statutory Sick Pay is a flat rate payment made to employees who are off work because of sickness, based on average earnings and is paid as part of the normal gross pay in the relevant week/month. It normally increases in value each April in line with Government guidance.

Appendix F: Menopause Guidance

Introduction

At Nexus MAT we have a positive attitude towards the menopause and understand that everyone's experience is different. We recognise our duty in relation to the Equalities Act 2010 and the Health and Safety at Work Act 1974, including supporting the wellbeing of our staff.

We are committed to making reasonable adjustments and ensuring additional support is available to those experiencing menopausal symptoms, whilst recognising that we may experience different symptoms, have different views or philosophies around how we would manage them and diverse medical histories.

The perimenopause, menopause and post menopause are a natural event in most women's lives. We recognise that people from different communities can also experience menopause or symptoms because of hormonal changes including trans men, non-binary and intersex people.

Menopause usually occurs between the ages of 45 and 55 and typically lasts between four and eight years during which periods stop and hormonal changes can be experienced. However, each woman's experience will differ, and menopausal symptoms can occasionally begin before the age of 40. Perimenopause, or menopause transition, begins several years before menopause. Symptoms vary widely and can be cognitive, physical and psychological and note that they can affect an employee's comfort and performance at work.

Under the Equality Act 2010, employees are protected from discrimination based on protected characteristics, this includes disability, age and sex. If menopause symptoms have a long term and substantial impact on a woman’s ability to carry out normal day-to-day activities, these symptoms could be considered as a disability.

1. Aims

This guidance aims:

• To create an open, inclusive and understanding culture and environment where staff feel confident enough to raise issues about their symptoms and ask for support and adjustments at work.

• To ensure that conditions in the workplace do not make menopausal symptoms worse and that appropriate adjustments and support are put in place, recognising there is no ‘one size fits all’ solution.

Appendix F: Menopause Guidance

• To reduce sickness absence due to menopausal symptoms and retain valued staff in the workplace.

2. Roles and responsibilities

Menopause is not just a gender or age issue, as it can impact on all colleagues both directly and indirectly. It is everyone's responsibility to support individuals experiencing menopausal symptoms, or affected by them, and to treat them with dignity and respect.

Employees are encouraged to inform their Line manager that they are experiencing menopausal symptoms at an early stage to ensure that symptoms are treated as an ongoing health issue rather than as individual instances of ill health. Early notification will also help line managers to hold a supportive conversation and determine the most appropriate course of action to support an employee's individual needs. Employees who do not wish to discuss the issue with their direct line manager may find it helpful to have an initial discussion with a trusted colleague or another manager instead. Employees should take and act on advice from their medial practitioner about measures they can take to support their health and wellbeing and engage in risk assessments in the workplace. Employees can also raise the issue with the Trust HR Team if they need support.

Line managers will be provided with training and support. They will be open and ready to listen and act sympathetically, sensitively and appropriately. Line mangers will be responsible for undertaking, monitoring and implementing an individual risk assessment where they have been notified that an employee is experiencing menopausal symptoms.

We treat all conversations about the menopause sensitively and confidentiality will always be maintained.

3. What actions we will take

The Management of Health and Safety at Work Regulations 1999 require that employers have a legal obligation to assess the workplace risks to the health and safety of their employees.

An individual risk assessment will also be undertaken with the employee to determine appropriate measures which can be applied to support the individual in the light of their specific symptoms. As an employer we are legally required to make reasonable adjustments as necessary where menopause symptoms amount to a disability.

Appendix F: Menopause Guidance

Supportive measures/reasonable adjustment will be put in place wherever possible, which may include but are not limited to:

- Environmental adjustments such as temperature control and ventilation (e.g. leaving doors/windows open, adjusting room temperatures (having consideration for all users), providing fans/window coverings)
- Hygiene facilities – providing facilities and facilitating breaks for women who need to access toilet/washing/changing facilities, access to cold, fresh water
- Flexible working - considering requests for changes to working arrangements (e.g. temporary reduction in hours, adjustments to working patterns)
- Attendance – time off for menopause-related medical appointments and adjustment to normal absence triggers
- Procedures and processes - adjustments which support and avoid any detriment to menopausal women (e.g. recognising symptoms can affect concentration and performance)
- Access to Occupational Health/Employee Assistance Programme/Counselling where applicable.

Where adjustments are unsuccessful, or if symptoms are particularly severe, a referral may be made to occupational health for further advice and support.

The individual risk assessment will be reviewed regularly to review the effectiveness of any support measures put in place and make any changes as necessary.

4. Support for Individuals

- Employee Assistance Programme – provides counselling services including legal, medical advice and guidance
- Menopause Champions – available for confidential discussions and support
- Mental Health First Aiders Network – can signpost mental health support
- Occupational Health Provider
- We encourage you to speak to your own GP if you are experiencing the menopause
- External Support – specialist agencies and charities:

Nice Guidelines Menopause (nice.org.uk)

British Menopause Society British Menopause Society | For healthcare professionals and others specialising in post reproductive health (thebms.org.uk)

Women's Health Concern Women's Health Concern | Confidential Advice, Reassurance and Education (womens-health-concern.org)

Appendix F: Menopause Guidance

Henpicked - Menopause Hub Home | Menopause Hub - Expert information, useful resources, top tips and women's stories (henpicked.net)

Menopause Matters Menopause Matters, menopausal symptoms, remedies, advice

Manage My Menopause Manage My Menopause | Tailored menopausal advice provided by experts in post-reproductive health

The Daisy Network Charity for Women with POI | The Daisy Network

Menopause Café Gather to eat cake, drink and discuss menopause (menopausecafe.net)

Balance balance - Homepage (balance-menopause.com)

Appendix G: What to do when you are Ill

Below is the general guidance on what to do when you are ill. Each of our schools may have a slightly different approach and you should follow your own school's guidance.

1st Day/Spell of Absence	- Contact your Line Manager by telephone on the 1st day of absence with as much notice as possible. - You must make contact BEFORE your normal start time. - If you are unable to contact your Line Manager please leave a message on the school answer machine – please indicate your likely return to work. - Complete the Nexus Self-Certificate on return to work and HAND IT PERSONALLY to your Line Manager
4th Day	- Ring your Line Manager again – indicate likely return - Complete the Nexus Self-Certificate - Send into your Line Manager by fourth day - See your Line Manager immediately on return to work

7th Day	- You will need a Doctor's Medical Certificate 'Fit Note' if you are ill after seven consecutive calendar days of absence
	- Send your Fit Note to your Line Manager
	- Your Line Manager will discuss arranging ongoing welfare meetings
	- Keep in touch with your work
	  - Let them know how you are progressing
	  - Let them know when you are likely to return

6 to 12 Weeks	- Consideration will be given to the requirement for you to attend an interview at work/home before deciding whether to seek a medical opinion by the Trust's occupational health advisor - This is normal practice and is a necessary stage in assessing the likely date of your return to work

YOU NEED TO BE AWARE THAT FREQUENT SHORT TERM ABSENCE OR LONG TERM ILLNESS MAY RESULT IN THE TRUST CONSIDERING YOUR CAPABILITY TO CONTINUE IN YOUR EMPLOYMENT

IF APPROPRIATE, REDEPLOYMENT TO SUITABLE ALTERNATIVE WORK WILL BE CONSIDERED