

Diversity impact assessment

TITLE
REVIEW OF THE MANAGING SICKNESS AND ABSENCE POLICY AND GUIDANCE
DATE
27/09/2024
LEAD OFFICER.
Nick Morgan, HR Business Partner

1. Summary description of the proposed change

What is the change to policy / service / new project that is being proposed?
How does it compare with the current situation?

The Managing Sickness Absence Policy had a light review in October 2023. However, it has required a full review of not only the policy, but also guidance documents, to ensure that both managers and employees have the correct guidance available to them. This covers areas such as how to record absence, conduct a return-to-work meeting and understand the expectations provided by the policy and guidance.

The review aims to address issues that have been raised through feedback from the organisation directly to HR and through the staff survey. The revised policy is attached as Appendix A.

The overarching aim is to make the process of absence management less stressful and more consistent for those involved. By creating a suite of guidance documents and training content, for both managers and employees it is hoped that this will make sure the correct support is put in place, better quality data is produced and ultimately ensure that the policy is implemented fairly and consistently across the organisation to support our staff not only when they are absent, but also when they return.

All guidance will sit alongside the policy published on Medspace for clarity and ease of use for managers and employees.

Changes to the policy are summarised in Appendix B.

New and revised guidance documents are listed below:

- Guidance on reasonable adjustments
- Guidance on Occupational Health referrals
- Absence Guidance for Employees
- Notifying an Absence from Work Guidance
- A guide to managing those with short and long-term conditions
- Unauthorised Absence Guidance (AWOL)
- Supporting Mental Health at Work
- Guide to short term absence (procedure)
- Guide to long term absence (procedure)
- Workplace Adjustment Passport (reviewed in line with MINDs wellness action plan)

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Bitesize Training created for managers:

- Conducting a return-to-work meeting
- Completing an Occupational Health Referral
- Managing a Phased Return to work

*More topics are in development and will be published as we gain feedback on what managers need to help them support their teams.

2. Summary of evidence used to support this assessment

Eg: Feedback from consultation, performance information, service user.

Eg: Comparison of service user profile with Medway Community Profile

Medway Council's Absence Data

As per financial year (leave year runs concurrently)

2023/24 Overall Sickness Rate - days per FTE - 10.0

2022/23 Overall Sickness Rate - days per FTE - 9.0

Top reasons for sickness absence (2023/24) are:

- 1) Stress/Anxiety
- 2) Surgery
- 3) Does not fit into a specific reason

These were also the top three reasons for sickness in 2022/23 and the overall sickness rate and reasons are expected to be broadly similar for year 2024/25.

To compare to the wider labour market, we are unable to make a direct comparison in terms of the years as the current ONS data runs to 2022. However, we can make a broad comparison which may be of use to benchmark the organisation against other public sector organisations.

The number of days lost per worker was 5.7 in 2022, this includes all sectors including private sector of which has since records began had a lower absence rate than public sector.

[\(ONS sickness and absence in the labour market\)](#)

- The introduction of the coronavirus as a common occurrence with illness being all year round (in comparison to flu and colds which generally are contracted in winter months) there will likely be an impact on the days lost. The average sickness absence rate per FTE employee is 8.7 days 4.3% (2021/22) [LGA workforce summary data](#)

The employee survey was used to inform the development of training and guidance for employees and managers.

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The revised policy has been shared with Trade Unions and Staff groups and to date no feedback has been received to raise concerns with the policy or associated guidance. Any changes made to the policy do not cause a detriment to employees. The changes address process issues raised from the HR team and also to align the policy to practice and also improve the policy offer for employees as well as making it more accessible to use.

The application of this policy will be applied to all employees regardless of any individual protected characteristic.

Appendix B provides a detailed overview of the main changes made to the policy and Appendix C provides a summary of the guidance and training in development which will be launched alongside the revised policy with a current implementation date of 1st April 2025.

3. What is the likely impact of the proposed change?

Is it likely to:

Adversely impact on one or more of the protected characteristic groups

Advance equality of opportunity for one or more of the protected characteristic groups

Foster good relations between people who share a protected characteristic and those who don't

(insert Yes when there is an impact or No when there isn't)

Protected characteristic groups (Equality Act 2010)	Adverse impact	Advance equality	Foster good relations
Age			X
Disability		X	
Gender reassignment		X	
Marriage/civil partnership			X
Pregnancy/maternity		X	
Race			X
Religion/belief			X
Sex			X
Sexual orientation			X
Other (eg low income groups)			X

4. Summary of the likely impacts

Who will be affected?

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How will they be affected?

A change to the way absence is recorded for medical appointments will impact all staff. This has been changed from asking those who need to take appointments during the working day to record this as sick leave to using Annual Leave/Flexi Time or the option to work the time back if service provision allows. This will also help the accuracy of the recording of sickness absence as medical appointments (such as dentist check-ups/consultant appointments) should not be recorded as sick (as the individual is capable to work).

The accrual of leave during absence has been changed to clarify that this will be contractual both when returning to the role following absence, or in the case where someone has to leave the Council due to ill health.

Gender reassignment: additional content added from current published Managers Guidance for clarity and consistency. To record this as per guidance we need to add wording to special leave policy to confirm paid leave of absence is provided for this in terms of surgery, appointments pre and post operative including counselling and recovery. This will not count against any sickness absence monitoring or triggers.

Disability related absences for appointments will be added to the special leave policy also. This is for absences that have been agreed as a reasonable adjustment.

Triggers have been amended to make it easier for employees and managers to understand.

Clarified that Maternity related sickness will not (rather than should not as per current wording) count towards any absence review or triggers. Also risk assessments must be carried out as per ACAS guidance.

All template letters and forms have been reviewed to provide consistent recording of information and to assist in making sure that the same process is followed by managers when managing absence.

5. What actions can be taken to mitigate likely adverse impacts, improve equality of opportunity or foster good relations?

What alternative ways can the Council provide the service?

Are there alternative providers?

Can demand for services be managed differently?

Improve data recording regarding absence will help to mitigate and adverse impacts and will inform any strategy to try and improve absence. Improving training and awareness will help understanding across the organisation.

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Examples could be around neurodiversity, managing stress, looking into how ways of working following COVID have had an impact (positive and negative) Improve understanding around reasonable adjustments, empowering managers to make decisions and employees to make requests.

6. Action plan

Actions to mitigate adverse impact, improve equality of opportunity or foster good relations and/or obtain new evidence

Action	Lead	Deadline or review date
Identity, develop and communicate learning programme	Nick Morgan	01/04/25

7. Recommendation

The recommendation by the lead officer should be stated below. This may be: to proceed with the change, implementing the Action Plan if appropriate, consider alternatives, gather further evidence

If the recommendation is to proceed with the change and there are no actions that can be taken to mitigate likely adverse impact, it is important to state why.

Proceed with the change and review training requirement and guidance as this is implemented, including questions in the staff survey around absence and associated issues. Incorporate any other good practice that is identified as organisations across the country both public and private look to improve the wellbeing of their employees.

8. Authorisation

The authorising officer is consenting that the recommendation can be implemented, sufficient evidence has been obtained and appropriate mitigation is planned, the Action Plan will be incorporated into the relevant Service Plan and monitored

Chief Organisational Culture Officer

Samantha Beck-Farley

Date of authorisation