

Appendix B

Main changes and considerations for revisions Managing Absence Policy

Employment Matters Committee: 1 May 2025

The main changes to the Managing Absence policy are summarised below:

1. Absence for medical appointments: Consideration was given to providing an option for annual leave to be taken instead of recording as sickness absence as an option where a medical appt is more than half a day.

Feedback for this option was not supportive so the proposed option to employees having the option to take annual leave for medical appointments when this is over half a day has been removed. Note: Also removed from IVF treatment in the Maternity Policy as this was published in current version.
2. If medical appointments are related to a disability or serious illness attendance would be considered a reasonable adjustment.
3. Added reference to Absence without leave (AWOL) section with main considerations – full template letters to be used by managers for contact, and further guidance will be available on Medspace Page
4. The content has been separated out into more structured headers to enable clearer navigation from the content page and make it easier to read and find relevant information.
5. Review of language to incorporate Plain English principles where possible.
6. Removed the process for formal absence management action – this will be provided in a stand-alone guidance document – the informal process remains in the policy as the first step of the process to follow.
7. Added reference to receiving backdated fit notes and that these may be accepted in certain circumstance.
8. Added content to sickness caused by infectious disease from Green Book. Clarification was required on the wording and what would be classed for inclusion (e.g. RIDDOR/Notifiable disease). Added to the text that this would apply when the illness may present a significant risk to human health – so would be reportable as a notifiable disease, under RIDDOR and covers any updates to these.
9. Gender reassignment: additional content added from current published Managers Guidance for clarity and consistency.

To record this as per guidance we would need to add wording to the special leave policy to confirm paid leave of absence is provided for this. This would

cover all associated absences such as surgery, appointments pre and post operative which include counselling and recovery time.

10. Updated contacts for HR and CMT to reflect structures.
11. Ensure that links to all current guidance is in the policy as feedback has been that it is difficult to find on Medspace. Once dedicated page is published this should help to address this as all information will be held on a central page.
12. Changes to content of Triggers table to make clearer and simplify application. Also changed location to section 30.0 as this relates to return to work/managing absence.
 - Long term absence remains the same (i.e. more than four continuous weeks)
 - Short term changed to three instances in six months or five instances over 12 months.
 - Patterns or absence concerns can still be raised in addition to the above. OBJ
13. Clarified that as a reasonable adjustment amendments to the triggers may be agreed for disability related absences, not using them at all also be a reasonable adjustment.
14. Amended Sickness and Annual Leave section for clarity. *What if sickness is caused by being on leave e.g. injury from sports...
15. Confirming amount of carry forward leave - difference between statutory and occupational sick leave.
16. Occupational health – clarification that employees do not have to agree to the referral but that the absence will be managed based on the information that is known. Also added that employees can request for a referral to be made.
17. Out of service applications for Ill-health retirement removed as the sickness absence policy is for current employees. The process will be kept as part of the HR internal processes if an ex-employee contacts the council for a referral.
18. Terminal illness – dedicated guidance will be created to support employees, for example confirming that the Council will continue to employ them (even if sick pay is exhausted) as it may be of benefit to remain in employment for a death in service benefit – further work will be carried out on this to consult and establish current and best practice.
19. Current Death in Service policy will be reviewed as this is written in a practical way and could be viewed as lacking compassion. This will also require improvement to the process of supporting colleagues affected by the loss. This will be a future action.

20. Clarified that Maternity related sickness will not (rather than should not) count towards any absence review or triggers. Also risk assessments must be carried out as per ACAS guidance.
21. Accrual of leave whilst sick: This has been clarified and changed wording from statutory leave to contractual for both those who return to work following sickness absence and for those who leave following sickness absence.
- This is due to the current and historical practice of providing contractual leave when someone returns from sickness absence and resumes work (the current policy does not reflect custom and practice).
- If someone was to leave following an absence the custom and practice is that they would receive contractual leave payment in lieu so this has also been updated to align with how these are actually processed.
- This also mitigates any challenge where someone is paid statutory leave (e.g. for being off due to a disability) whereas someone who leaves without absence receives contractual. The person with a disability would be at a detriment due to their disability related absence.
- Due to this already being custom and practice no financial cost is predicted.
- The annual leave policy will also need to be reviewed to make sure that this is reflected within the content.
22. Difference of medical opinion between OH and GP – amended to advise that the decision would not lying with HR/H&S. OH guidance would be requested but ultimately the most senior professional/practitioner would take precedence
23. All forms have been reviewed and new template forms developed to consistently record and capture information. For example, Phased Return to Work Plan, Formal Absence Process, Reasonable Adjustment Timeline, Case Log Template.
24. Please note: In the future the policy will mention MyView as way to record absence, but this has not been launched yet. An update will be made once this is available.
25. Guidance on types of absence are covered under separate guidance, such as Menopause Guidance for Managers. Parental Leave policies. Unfortunately, we would not be able to accommodate details for all absence types but would certainly consider feedback for further guidance and training.