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Prif Weithredwr a Chlerc y Senedd
Chief Executive and Clerk of the Senedd

15 July 2025

Mark Isherwood MS
Chair of Public Accounts and Public Administration Committee
Senedd Cymru
Tŷ Hywel
Cardiff Bay
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Dear Mark,

Public Accounts and Public Administration Committee Report on the Scrutiny of Accounts 2023-24 - Update on recommendations

I am writing to provide you with further updates as agreed in our [initial response letter of the 17 February 2025](#). I am pleased to enclose a response to the following recommendations in the Annex 1 to this letter.

Recommendation 1. In year savings and their impact on processes and efficiency

Recommendation 2. Carbon neutral strategy projects

Recommendation 5. Risks related to large reform projects - **Annex 2** and **Annex 3 (SENEDD RESTRICTED)**

Recommendation 6. Sickness Absence policies - **Annex 4** and **Annex 5**

Your Committee's recommendations relating to the provision of updates on the following are also addressed in the attached Annex:

- the Ways of Working programme and resources allocated to the project delivered,
- the implementation of schemes to encourage applications from individuals from a variety of socio-economic and geographic backgrounds; and
- a project fund spend and delivery
-

The Medium-Term Resourcing Framework (MTRF) for the period 2025-26 to 2027-28 was agreed by the Commission at their meeting in June and is provided as **Annex 6 (SENEDD RESTRICTED)**. This includes the Workforce Plan.

The Commission's approach is always to try to operate with openness, transparency and clarity. As ever, if there is any further information your Committee would like, please let me know.

Yours sincerely,



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Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.



Annex 1

Recommendation 1. The Commission should set out clearly in future Accounts where in-year savings have been identified, as well as setting out the impact of these efficiency savings on processes and efficiency.

In 2024–25, the Commission identified and delivered £315,000 in short-term savings. These were achieved through targeted reductions in specific spend areas following a detailed review of operational budgets which led to reductions in areas with consistent underspend. Other measures included pausing recruitment to vacant posts and reducing project funding allocations where longer-term infrastructure implications could be managed differently.

The Commission's integrated annual planning cycle is a key mechanism for delivering value for money, defined as effectiveness, economy, and efficiency. Through this process, Heads of Service align their objectives with the Corporate Plan and enabling strategies, while also identifying and justifying resource requirements. These requests are subject to a structured challenge process, which has significantly reduced the scale of additional funding sought for future years.

The Medium-Term Resourcing Framework (**included in Annex 6**) is also intended to highlight where and when future cost pressures are likely to emerge so that the Commission is able to proactively plan how to manage them without defaulting to an increased budget request.

Efficiencies are being pursued through a range of service-level initiatives. Recent examples include:

- The use of AI-assisted legal research tools to streamline the provision of legal advice, reducing manual workload without compromising quality;
- The rollout of self-service functionality on HR systems for Members and their staff, reducing administrative overhead;
- The use of Microsoft Copilot and Power BI to support document review and data analysis in Estates and Facilities Management and Strategic Transformation Services;
- Centralising library resources and piloting natural language processing tools to improve consultation analysis in the Research Service;
- Replacing fluorescent lighting with energy-efficient LED fittings and launching the Cardiff District Heat Network to reduce utility costs and carbon emissions;
- Achieving cost-avoidance of ~£250K in professional advice fees in the Bay 32 project

These initiatives are complemented by a wider programme of peer review and cross-directorate prioritisation, ensuring that resource requests are robustly scrutinised and aligned with strategic priorities.

Commission Annual Report and Accounts 2024-25



Recommendation 2. The Commission, in their next Accounts, should set out how delayed projects associated with the Carbon Neutral Strategy have been reprioritised during the year and set out a plan for future years if projects remain uncompleted in 2024-25 that were originally anticipated to be concluded.

Our Carbon Neutral Strategy has mid-term targets to be delivered during the period 2023-2026. Some of these are part-way through delivery now, including the completion of a feasibility study for the replacement of AHUs (air-handling units) and completion of the heat network infrastructure. Others, such as the installation of solar PV panels have not yet been delivered, noting that we are not yet at the end of the mid-term period.

The District Heat Network is a key pillar of our Strategy. Cardiff Council is currently communicating that the heat switch-on date will be in advance of winter 2025/26, within our mid-term target range, as planned.

A reprioritisation exercise was undertaken for these (and other Commission) projects in 2024-25. Many of these are still on track to be realised during the next year. Other mid-term projects (solar PV, air-handling units, and passive ventilation) require significant capital investment; decisions on the investment funding for these projects are naturally dependent on decisions within the Bay 32 project due to be taken later in this calendar year.

The detailed sustainability progress updates, including progress towards our overall carbon goals, is published each year within our [Sustainability Annual Report](#).

Recommendation 5. The Commission should write to the Committee to update us on the work being done to mitigate the risks posed by these large reform projects and set out how their risk profile is changing, as those programmes develop, ahead of the Committee's scrutiny of their 2024-25 Accounts.

The risk registers of the 7th Senedd programme and Ways of Working were provided with our letter of 17 February, and, as indicated, the latest versions of the summarised **SENEDD RESTRICTED** 7th Senedd and Ways of Working risk registers are provided at **Annex 2** and **Annex 3**, to allow the Committee to understand how the risk profile has evolved.

The Commission also manages a Corporate level risk regarding Senedd Reform. This risk is reviewed quarterly by Executive Board, and has been the subject of ARAC scrutiny and an audit. Further assurance on its effective management is provided to the Commission (and to the Committee) in the [Accounting Officer's Annual Governance Statement](#).

The 7th Senedd programme is leading a scenario planning exercise for the organisation to help services to prepare for the Seventh Senedd. An important aim of this work is to help us identify any



new important risks or changes in our risk assessment and consider how the impact could be mitigated.

Recommendation 6. The Commission should send the Committee a copy of its new long-term sickness policy, once it's available, with a summary of its contents and aims alongside it.

The previous Attendance Management policy has been fully reviewed and now comprises of two separate policies which are:

- A policy for long term sickness absence (28 consecutive days or more) - **Annex 4**
- A policy for short term sickness absence (27 days sickness or less) - **Annex 5**

Splitting out these policies provides better information and tools for managers to understand the relevant steps between the two processes, as long term and short term sickness are managed very differently.

The aims of these policies are to ensure that a fair, consistent, and where appropriate, robust approach is taken to manage absence in the Commission. As stated in the policies:

'We place a high value on the health and wellbeing of our employees, and we are committed to ensuring that these needs are supported and managed with due consideration to the operational needs of the Commission. The Commission understands that an employee may have an illness or injury that means that they are not fit for work for periods of time, and that most people have some sickness absence from work during the course of their employment. The Commission strives to create an environment that provides for open and constructive communication and support for employees' wellbeing to allow them to bring their whole selves to work.

The Commission must also pay due regard to its service delivery and duty of care to all its employees. Absenteeism exacts a high cost and impact on the Commission and our colleagues, and it is in everyone's interest to maximise attendance.

By implementing this policy, the Commission aims to strike a reasonable balance between service delivery and the genuine needs of employees to take time off work due to sickness.'

The policies include:

- The process for staff for notifying their manager of sickness absence
- Documenting sickness absence
- Keeping in touch arrangements
- Support mechanisms



- Return to work provisions
- Specific considerations for absence as a result of disability, pregnancy, terminal illness and operations
- Procedures for managing sickness where an employee hits a 'trigger point'

Alongside the policies, a managers' guidance document has also been published to give better support and tools for managing sickness absence at the informal stages. Training for managers is currently being developed and will be available in the second half of 2025.

Ways of Working programme and resources allocated to the project delivered (biannual update)

Resources are allocated to the Ways of Working programme via two-ring fenced amounts which are set out in the Commission's 2025-26 annual budget: the Senedd Reform ring-fence (to fund Ways of Working activity that is directly and wholly linked to Senedd Reform) and the Ways of Working ring-fence (for activity which is related to responding to the challenges and opportunities arising from its own changing environment, and the evolving needs of the Senedd and its Members).

The Ways of Working programme is comprised of four principal areas of activity and the latest progress in each is set out below:

- **Bay 2032 Project:** Since the last update in October 2024, the Outline Business Case was approved by the Commission in December. Approval to proceed to procurement was granted on 21 January 2025, with the contract notice published shortly after. The resource plan for the competitive dialogue process (including a multi-disciplinary team) was approved in March 2025. Following the Pre-Qualification Questionnaire (PQQ) stage, bidders were invited to participate in the competitive dialogue process in March. One bidder withdrew during the initial dialogue period due to not having a viable option. The remaining bidders submitted outline proposals in early June, which are currently under review. Detailed dialogue is due to commence in July, with the intention to conclude this phase in September and receive final submissions in October 2025.
- **Tŷ Hywel 2026:** Extensive works have been carried out over the last 6 months. Works to create the new Members office started in February and are expected to be completed by August 2025. Welsh Government have relocated from their previous location to allow for works to continue to adapt the office space. The BBC and ITV space has also been adapted to accommodate the relocation of the Welsh Government. The final phase, to install the office furniture will be completed over the 2025 summer recess.
- **Siambwr 2026:** Supporting works to adapt Siambwr Hywel were completed between January-March, enabling Plenary to be decanted to Siambwr Hywel from the Easter recess onwards. This phase of the project has now been completed. Procurement for the works to implement



the Siambur design concluded in early April with the successful bidder chosen being a local supplier. Building works to adapt the Siambur commenced in May to accommodate the increase in Members. A programme of works has jointly been developed to capture all building, ICT, and audio-visual elements. The works are expected to run until February 2026, with the new chamber ready to use following the recess period.

- **Pierhead:** following receipt of external professional advice, the next steps on this project are due to be considered and agreed by the Commission's Executive Board shortly. A further update can be provided in the Autumn term.

Implementation of schemes to encourage applications from individuals from a variety of socio-economic and geographic backgrounds

We are committed to building a diverse and inclusive workforce that reflects the communities we serve. To support this, we are implementing targeted activities to encourage applications from individuals across a range of socio-economic and geographic backgrounds:

Recruitment Activities

Ymlaen Internship – whilst aimed at addressing the underrepresentation of ethnic minority people in our workplace, the approach taken with our Ymlaen internship, in partnership with the Windsor Fellowship, has been intersectional, taking account of multiple disadvantages including socio-economic disadvantage.

Access to information around our recruitment process – work is ongoing to update the content on the Senedd Commission's recruitment pages which is two-fold. Firstly, candidate application guidance will be published this summer and secondly, staff profiles will be updated to provide insight into the workplace and demonstrate through story-telling the Senedd Commission's commitment to promoting and supporting inclusion, and in particular its commitment to championing social inclusion/mobility of its workforce.

Data monitoring - we collect, analyse and publish socio-economic data gathered at recruitment stage and also from our workforce on an annual basis. Our data sets are still emerging. As of March 2025, data provided by our workforce shows that 55% of our workforce is from a professional background, 16% is from an intermediate background and 30% of our workforce is from a working class background.

Recruitment data shows that external candidates from professional backgrounds were the dominant socio-economic group, exceeding the national benchmark (37%) at application, shortlist and offer stages, with 51% of total job offers going to candidates from a professional background.

Since the reporting year 2021-22, the Senedd Commission has also collected location data to gain insight as to where our candidates were based geographically. Hybrid working and other flexible



working arrangements are now utilised by many UK employers and worldwide. This means that potential candidates have more choice as to how, where and when they work. The purpose of gathering this data is twofold: to understand how (geographically) diverse our workforce is, both currently and prospectively, and also to assist us when identifying suitable benchmarks for our recruitment and workforce data. Again, this is an emerging data set which when fuller will be able to give deeper insights into where our candidates are geographically based.

Recruitment webpages – as part of our values section on the Senedd Commission’s career pages, our Social Mobility Senior Champion has provided a narrative (alongside a photo) which promotes awareness of the organisation’s commitment to supporting and promoting social inclusion for existing staff and prospective employees.

Promoting inclusion

To mark Social Mobility Day in the UK, our Social Mobility Champion launched our newest network, RISE. The name reflects the aspiration for people from lower socio-economic backgrounds to rise to their potential, and the focus of the network is ensuring that everyone has the same opportunities to succeed, regardless of their socio-economic background. Our Social Mobility Senior Champion has regularly raised awareness around social mobility in the workplace both internally and externally to the organisation. This work has is geared towards de-stigmatising socio-economic disadvantage to positively re-write the narrative on social mobility.

Project Fund spend and delivery (annual update)

The table below provides the outturn of the Commission’s Project Portfolio in 2024-25. The table shows costs were aligned with Commission priorities, well-estimated, and tightly controlled with a slight overall underspend.



Project fund 2024-25	Approved expenditure	Y.T.D Actuals	Variance
Archiving of Senedd records	£56,100	£56,000	£100
Building Management System Feasibility Study	£37,200	£44,758	(£7,558)
Broadcasting Infrastructure Programme Phase 2	£255,008	£255,008	£0
Broadcasting Infrastructure Programme Phase 3 - Capital	£141,109	£141,109	£0
Broadcasting Infrastructure Programme Phase 3 - Additional Items	£39,923	£38,740	(£313)
Car Park Barrier Upgrade (Barrier Arm)	£15,000	£8,391	£6,609
CCTV Ph2/3	£50,000	£48,232	£1,768
Commission Desktop Hardware replacement	£37,800	£35,276	£2,524
Customer Relationship Management system	£52,656	£41,884	£10,772
EFM Lifecycle Replacement - CCTV	£80,000	£81,589	(£1,589)
EFM Lifecycle Replacement - Water Pumps	£8,000	£6,828	£1,172
EFM Lifecycle Replacement - Uninterruptible Power Supply Critical Spare	£9,100	£8,556	£544
EFM Lifecycle Replacement - Passenger Lifts	£6,700	£6,150	£550
EFM Lifecycle Replacement - Ty Hywel Lifts	£19,000	£18,371	£629
EFM Lifecycle Replacement - Radio Critical Spares	£1,400	£2,429	(£1,029)
Gartner ICT subscription	£22,700	£22,700	£0
Infrastructure - Backup System	£12,000	£12,000	£0
Infrastructure - Perimeter & Cloud Firewall	£92,000	£92,000	£0
Infrastructure - User Awareness Training	£2,000	£0	£2,000
Infrastructure - Wireless Network Management platform	£0	£0	£0
LED Replacement - Phase 6 (Final TH Phase)	£55,000	£50,208	£4,792
Library Management System	£6,216	£5,180	£1,036
Updates to Business Central	£1,980	£1,980	£0
MS Co-Pilot Increment 1	£15,000	£15,000	£0
Payroll project Phase 1/2	£307,598	£261,241	£46,357
Pierhead Events Camera System	£3,500	£4,874	(£1,374)
Pierhead Hall AV System and Projectors	£140,591	£149,535	(£8,944)
Pierhead Quadrennial Repairs	£50,000	£34,328	£15,672
Replacement External Totem signage screen	£5,453	£2,625	£2,828
Ty Hywel Air Handling Units (AHUs) & Chillers	£30,000	£26,142	£3,858
Website content management system upgrade	£25,000	£25,000	£0
Welsh Youth Parliament	£8,500	£0	£8,500
Total	£1,586,535	£1,496,134	£88,904



Long Term Sickness Policy

Management of sickness absence lasting 28 calendar days or more

Policy publication date:	June 2025
Frequency of review:	Every five years or in the intervening period where there has been a change in legislation which affects this Policy
Date last reviewed:	June 2025
Current review date:	June 2025

This policy does not form part of any contract of employment or other contract to provide services, and the Commission may amend it at any time.

This policy supersedes previous attendance management / sickness absence policies.

This policy applies to employees only. It does not apply to workers, agency workers, consultants, self-employed contractors or volunteers.

Any contravention of this policy may lead to disciplinary action.

Advice on this policy can be sought from hr@senedd.wales



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1 Introduction

- 1.** The Senedd Commission (“the Commission”) is committed to managing and supporting employees who are absent from work for long periods because of ill health, and this policy seeks to ensure that a fair, consistent, and where appropriate, robust approach is taken to manage absence in the Commission.
- 2.** We place a high value on the health and wellbeing of our employees, and we are committed to ensuring that these needs are supported and managed with due consideration to the operational needs of the Commission. The Commission understands that an employee may have a health condition or injury that means that they are not fit for work for periods of time, their recovery may be a slow process and they may also require adjustments to support them at work.
- 3.** The Commission aims to assist employees on long-term sickness absence with their rehabilitation and eventual return to work. This means striving to create an environment that provides for open and constructive communication and support for employees’ wellbeing to allow them to bring their whole selves to work.
- 4.** The Commission must also pay due regard to its service delivery and duty of care to all its employees. Absenteeism exacts a high cost and impact on the Commission and our colleagues, and it is in everyone’s interest to maximise attendance.
- 5.** By implementing this policy, the Commission aims to strike a reasonable balance between service delivery and the genuine needs of employees to take time off work because of ill health.
- 6.** The Commission operates a separate policy on short-term sickness absence lasting up to 27 calendar days. Where an employee is on long-term sickness absence, but returns to work for short periods, the Commission will continue to manage their sickness absence under the Long Term Sickness policy. Any short term sickness absence process will be suspended during this time. Once the employee’s long term sickness ends, the terms and process of the short term sickness will be resumed at the same stage as when the employee’s long term sickness started.

How to use this policy

- 7.** For general management of any sickness absence of up to 27 days, including notification processes, documentation requirements and return to work meetings, see section 5: General procedure for managing any sickness absence

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- 8.** For considerations of specific types of sickness absence such as disability, pregnancy, work related stress, menopause, terminal illness and operations, see section 6: Considerations for specific types reasons for absence.
- 9.** For the procedure where staff hit a trigger point, the process for how to manage this is set out in section 7.

2 Principles

10. This policy has been developed in accordance with the following principles:

- Where there are issues preventing employees from attending work, these should be addressed effectively and sympathetically;
- It is essential to the effectiveness of managing absence that employees and managers communicate with each other as soon as illness happens and that early intervention and support, including appropriate referrals can be put in place as soon as possible;
- Managing the attendance of their staff is a key feature of any manager's role, and we expect managers to have a sympathetic, practical and common sense approach to the problems caused by ill health, including being aware of and using the considerable range of help available to support staff who are unwell and discussing any practical measures which could be used to help manage problems;
- All employees are expected to take due care of their health and to take adequate medical advice and treatment to overcome any health difficulties, and not knowingly to do anything that could make their illness worse;
- Sickness absence is a sensitive issue and managers must ensure that any discussions or notes are treated in accordance with the Data Protection Act. Managers are entitled to access the sickness absence history of their team;

11. The Commission may take disciplinary action if there is evidence that:

- absence is not genuine or not for the reason provided; or
- the employee is undertaking inappropriate activities while off sick, such as carrying out work for another organisation; or
- the correct sickness absence notification and evidence procedure has not been followed; or
- an employee has failed to furnish medical evidence of incapacity in a timely manner; in this case such absence may also be deemed to be unauthorised; or

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- There is an unauthorised absence, which means where an employee is absent and has not, by arrangement, taken annual leave or flexi-leave (or other authorised absence), or phoned their manager to report illness, such absence is deemed to be unauthorised; or
- Employees fail to adhere to any other aspect of this policy

3 Definitions

12. The following definitions are used in this policy:

- "Period of sickness absence" or "instance of sickness absence" means any continuous period of sickness absence, of whatever length, during which the employee does not return to work.
- "Long-term sickness absence" means any period of sickness lasting 28 calendar days or more.

4 Related Policies and Guidance

13. This policy should be read in conjunction with the following policies/ guidance documents:

- **Short term Sickness Absence**
- **Guidance for managers on managing sickness absence**
- **Mental Health Policy and Mental Health toolkit**
- **Health and Safety Policy**
- **Health and Wellbeing Support**
- Occupational Health **management referral form and guidance**
- **Return to Work Form**
- **Retirement Policy – and ill health retirement procedure**
- **Disciplinary Policy**
- Appeals Policy
- The Staff Privacy Notice¹ outlines how any staff data related to this policy will be processed

¹ <https://cynulliad.sharepoint.com/sites/cmn-policy-hub/SitePages/Staff-Privacy-Notice.aspx>

5 General procedure for managing any sickness absence (whether or not a trigger has been reached)

14. In this section you can find information related to the process for:

- Notification of sickness absence and resulting discussion points
- Documentation and recording sickness absence (including Fit Notes)
- Keeping in Touch arrangements
- Occupational health
- Other support
- Return to work arrangements

15. A checklist for managing long term sickness absence is available in the [Managers Guidance for managing sickness absence](#).

5.1 Notification of sickness absence and resulting discussion points

16. On the first day of sickness absence, the employee must inform their manager as soon as reasonably practicable that they will not be working because of illness or injury. If the manager is unavailable, the employee should contact the next most appropriate person within the team.

17. If an employee has begun work, but needs to leave/log off during the day because of ill health, they should inform their manager before leaving work/logging off. If the manager is unavailable, the employee should inform the next most appropriate person within the team.

18. Notification of sickness absence must be via telephone, rather than text message, email or social media. In exceptional circumstances where the employee is unable to telephone (for example, because of hospitalisation), another person such as a friend or relative can contact the line manager on their behalf.

19. The employee should provide a clear reason (i.e. the nature of the illness or injury) why they cannot attend work, and estimate how long they think the absence will last. The employee should also be prepared to discuss briefly the impact of their absence, for example if meetings need to be cancelled or any essential work needs to be covered.

- 20.** If at this stage (or during any subsequent point of sickness absence management) it is identified that the employee has an underlying condition or disability which may result in higher sickness absence a referral should be made to the occupational health nurse for guidance.
- 21.** For each subsequent sick day after the first day of absence, the employee and line manager should agree a communication plan for the duration of the absence (see Keeping in Touch (paras 34-38).
- 22.** The employee and manager should discuss whether a management referral to Occupational Health should be made (see paras 39-46– Occupational Health)
- 23.** If employee is absent for 27 days or less, this should be managed under the Short Term Sickness Policy (subject to the provisions of para 6).

5.2 Documenting and recording sickness absence

- 24.** The line manager should update the employee's absence record form on iTrent on the first day of absence, and ensure that the absence is closed promptly when the employee returns.
- 25.** Employees must provide a fit note (or series of fit notes) for any absence of eight calendar days or more. If sickness is for seven calendar days or less, the employee does not have to provide a GP fitness for work statement.
- 26.** Information related to the arrangements for sick pay is in Annexe A. See Annexe B for arrangements where sickness falls over a period of pre booked annual leave

Fit notes

- 27.** When a Fit Note is provided, this must be uploaded onto the iTrent system (guidance on how to do this is in the iTrent :Manager guidance document).
- 28.** Fit notes must cover the whole period of absence (excluding the initial seven calendar days which can be self-certified) and fit notes should be provided promptly. Employees must continue to ensure that any subsequent fit notes which are issued, are provided to their manager as soon as they are issued by their GP/other medical profession.
- 29.** For any period of absence where a fit note is not provided, this may be considered as unauthorised leave and this may necessitate disciplinary action and/ or enhanced sick pay may be withdrawn resulting in the employee being paid Statutory Sick Pay (SSP) only.

30. A doctor's fit note may state that the employee:

- is "not fit for work", in which case the employee should remain off work; or
- "may be fit for work", if the doctor's recommendations are followed (for example, a phased return, amended job duties, altered hours of work, or workplace adaptations).

31. Where a Fit Note states that the employee may be fit for work subject to recommendations, managers should consider the recommendations, in consultation with the employee and Employee Services, and give fair consideration as to whether any or all of the recommendations can be accommodated. There is, however, no legal obligation on the Commission to implement the recommendations.

32. If the line manager is unable to make adjustments to accommodate the doctor's advice supporting an earlier return to work, the Fit Note will be accepted as certification that the employee is not fit for work. The employee does not need to return to their doctor/other designated healthcare professional for a new Fit Note to confirm this. The Fit Note will indicate the period of time covered.

33. The employee can come back to work at any time, even if this is before their Fit Note expires. They do not need to go back to their doctor first. Where the recommended time off has been taken in full, unless the GP/other designated healthcare professional has indicated on a Fit Note that they wish to see the employee again when the Fit Note expires, then there is no need for a 'signing off' Fit Note. Line managers must ensure that they are clear on what the medical practitioner has indicated on a Fit Note. If a line manager has any concerns about an employee's capability to return to work early they should seek advice from Occupational Health.

5.3 Keeping in Touch arrangements

34. The line manager and employee should agree arrangements to maintain contact throughout the sickness absence. Contact should be on a regular basis to provide ongoing support and minimise isolation from the workplace. It is a joint responsibility to maintain the keeping in touch arrangements agreed.

35. Agreed arrangements for keeping in touch should be documented by the line manager and agreed with the employee. The plan should include the frequency of contact and preferred method of communication. The line manager should keep the plan securely on SharePoint (access restricted to manager and employee, or anyone else with whom it has been agreed this

can be shared, ie Head of Service). This should be deleted after 6 years in line with the HR Retention Schedule.

36. Frequency of contact should reflect a balance between providing adequate and sufficient support for the employee and keeping the line manager informed about likely duration of sickness absence, as far as possible, with the need to allow the employee time stress-free away from work to rest and recover. Overly burdensome keeping-in-touch arrangements may hinder recovery. If necessary, seek advice on this matter from Employee Services or Occupational Health.

37. Keeping in touch discussions should include discussion about the employee's health and any changes, policies, guidance and support available to the employee; any occupational health or other medical advice required or received; information and updates (as appropriate to the circumstance) related to their role or workplace developments; sick pay entitlement; and arrangements for return to work. A Keeping in Touch template is available in the [Managers Guidance for managing sickness absence](#).

38. In some circumstances, it may be more appropriate for the line manager's manager or Head of Service to be the point of contact – this should be discussed and agreed with the employee.

5.4 Occupational Health

39. Occupational health should usually be sought in circumstances where:

- A referral is requested by the employee;
- There is sickness absence related to mental health ;
- Once an employee has 28 days continuous sickness absence, or once it is known that an employee has been signed off for a period that will exceed 28 days; or
- In any other circumstance where the manager or employee consider that occupational health would be beneficial.

However in some circumstances, and in agreement with the employee and HR, the Commission may decide not to refer the individual to Occupational Health.

40. The purpose of a referral can include ascertaining any medical support that can be provided to the employee, to gain further information about a diagnosis received, to seek

advice to facilitate their return to work , or to provide advice on reasonable workplace adjustments.

41. The employee will need to provide their manager with consent to submit the referral, and provide Occupational Health with informed consent prior to the report being released to their manager.

42. Employees are expected to attend occupational health appointments where requested. Where employees are given reasonable opportunity to attend occupational health appointments and decline to do so, the management of sickness absence will continue in line with the procedures set out in this policy and decisions will be made on the information available.

43. Following a management referral, Occupational Health will conduct an assessment with the employee (either face-to-face or by telephone). The outcome will be to provide advice/support to the employee and to issue a report to management. It is vital that management discuss the referral form (and any questions asked) with the employee prior to sending on to Occupational Health.

44. The Occupational Health report will aim to provide advice, guidance and suggestions on the case and to address the queries raised in the management referral. The advice will reflect the professional opinion of the Occupational Health Advisor based on the assessment and medical information available at the time and is not obligatory. Ultimately, it is the responsibility of the manager/employer to manage the employment situation and make the final decision on what can and cannot be accommodated in the workplace, based on what they consider is reasonably practicable and compatible with the needs of the business.

45. In advising and assisting managers and HR Operations with managing a long term sickness absence, Occupational Health may contact the employee's GP (or other relevant clinician), following the employee's written consent, for medical information to inform their advice – see Annexe C for more information.

46. If long term sickness continues, further occupational health referrals may be required to ensure management have up to date information regarding an employee's health situation.

5.5 Other support

47. Throughout the absence, line managers should have ongoing conversations with the employee about other support available from the Commission. [This page on the intranet²](#) details support available, however is not an exhaustive list – further advice can be sought from hr@senedd.wales

48. Key support mechanisms which could be considered include (where applicable):

- Employee Assistance Programme (EAP)
- A stress risk assessment
- A Wellbeing Recovery Action Plan (WRAP)
- The wellbeing intranet pages
- Mindful (Senedd Commission mental health staff engagement network)
- Mental health first aiders
- Advice from HR
- Specific risk assessments
- Changes to working arrangements, job role or any other adjustments or support that may be appropriate.

5.6 Return to work arrangements

49. Line managers are expected to take appropriate steps to support the employee with their reintroduction to work. A [Long Term Leave Return to Work Checklist](#) is available to support managers with this.

² <https://cynulliad.sharepoint.com/u:/r/sites/cmn-hr/SitePages/Support-mechanisms-during-sickness-absence.aspx?csf=1&web=1&e=U1mvTW>

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50. Managers should work with the employee to plan the return to work taking into account the length of time the employee has been absent, the nature of their absence, and the extent of any changes to their role or work patterns required/requested to accommodate their return to work.

Return to work meeting

51. A Return to Work meeting must be held on return from long term sickness ideally on the employee's first day back at work, or as soon as possible after their first day back. This is an informal meeting, and it is the joint responsibility of the employee and manager to make arrangements this meeting. Managers must complete a **Return to Work Form** as a record of the meeting.

52. Return to work interviews should be held away from the desk, in a private room where the employee and manager can speak freely (or can be done virtually). All discussions between the employee and the manager should be private and confidential.

53. This discussion should include a review of the employee's absence, including the reasons for the absence, any updates on the employee's medical situation, any adjustments that have been agreed or are required to support the employee with their return (whether temporary or permanent), any further support needed (see section 5.5 – Other Support), any discussions about work or updates that the employee may have missed, and if applicable, how often/when/how regular evaluations of their adjustment to returning to work will be undertaken (including any phased return arrangements if applicable).

Phased return

54. Where an employee has been on long-term sickness absence, a phased return will often be the most successful way of returning them to work. A phased return to work allows an employee to transition from ill-health absence back to full (or sometimes permanently amended) work duties. A phased return to work could involve a gradual increase in hours, a managed increase in expected workload, or an initial period during which the employee works from home on certain days. The employee has to agree to the phased return, it cannot be imposed except where Health & Safety grounds require it.

55. The phased return to work will usually arise following medical advice, which could be:

- a doctor's letter or medical report recommending a phased return; or

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- a line management referral to Occupational health; or
- one of the options on a Fit Note.

56. For the first two weeks of any phased return, salary will be paid at full pay. For any period longer than this, where the normal hours or working pattern are reduced, the corresponding lost time will be made up with the appropriate level of sickness pay. In circumstances where the employee is receiving reduced or nil sick pay, the employee may use annual leave or accrued flexi-leave to supplement their phased return but are not compelled to do so. If annual leave is granted during this period, payment should be made at the full daily rate of pay. The pay of those attending for reduced hours on medical grounds will be calculated on the basis of the proportionate pay for the (net) hours worked, plus proportionate sick pay at the appropriate rate (including SPPR) for the (net) hours not worked.

57. A phased return to work programme will normally last for no more than six weeks, but may be longer in exceptional circumstances where recommended by Occupational Health.

Other adjustments to support a return to work

58. While the Commission prefers employees who have been on long-term sickness absence to return to their former job roles and ways of working, it recognises that this is not always possible. The Commission sees the value of phasing employees back to work, temporarily adjusting their duties, or redeploying them permanently if they cannot return to their previous role and there are vacancies in other departments.

59. Employees are expected to take reasonable action to enable a return to work, for example by seeking professional advice and following medical guidance, taking steps recommended by doctors during rehabilitation, and not undertake any activities while on sickness absence that could exacerbate the health issue.

60. Where an employee has been on long-term sickness absence, but is unfit to return immediately to their substantive job role, even on a phased basis, their line manager, in consultation with others including HR Operations, their Head of Service and occupational health, may consider temporarily reassigning the employee to another job role.

61. The possibility of a temporary job role will depend on the availability of other work and the employee's agreement to undertake the job role. The line manager should initially consider whether or not a different job role is available within their department and, if it is not, widen the search to include other departments.

62. The employee's existing rate of pay will be protected during the temporary reassignment and their salary will be paid by the department in which the employee normally works. Temporary placements to help an employee on long-term sickness absence will normally last no longer than three months and is subject to agreement by the Chief People Officer.

63. Alternatively, the employee can request to temporarily but formally change their working patterns – see further information in the [Flexible Working Policy](#)³ . [Compressed Hours](#)⁴ and [Part time working and job share](#)⁵ policies.

³ <https://cynulliad.sharepoint.com/sites/cm-n-policy-hub/SitePages/Flexible-working.aspx>

⁴ <https://cynulliad.sharepoint.com/sites/cm-n-policy-hub/SitePages/Compressed-hours.aspx>

⁵ <https://cynulliad.sharepoint.com/sites/cm-n-policy-hub/SitePages/Part-time-working-and-job-share.aspx>

6 Considerations for specific types of absence

64. This section should be read in conjunction with the 'Adjustments to triggers' section (paras 78-80)

Work related absence

65. Line managers should discuss reasons for absence with the employee and check whether it is in any way work related - for example as a result of workplace stress, accident or injury. If there is a work related reason, the manager must contact the **Employee Services** team in HR for advice.

Disability related absence

66. Where the employee's absence is related to disability, line managers should keep in mind the Equality Act 2010, which makes it unlawful for employers to discriminate against employees for a reason relating to their impairment (or other protected characteristics). In meeting obligations under the Equality Act, consideration must be given as to whether there are any reasonable adjustments that may need to be made to assist a disabled employee. Adjustments that could be considered include but are not limited to:

- Making physical adjustments to a workstation
- Providing special equipment
- Altering working hours
- Re-allocating some duties to another employee
- Accepting that a disabled employee may have a higher level of sickness absence than normal (see paras 78-80 – Adjusting sickness absence triggers)
- Considering a case for providing alternate locations to work, including home working

67. The manager is advised to contact the **Employee Services** team in HR for advice for anyone on long term sickness who has, or may have, a disability. Managers may become aware of a disability as a result of an employee making them aware, through occupational health, via other medical advice, or through other means.

Pregnancy related absence

- 68.** Pregnancy related sickness absence is 'protected' in that it is discounted for trigger points and half/nil pay points. The 'protected period' commences at the point at which the employee's pregnancy begins and ceases to apply once the employee has returned to work or was due to return to work following paid and unpaid maternity leave, even if the condition causing the absence appears to be pregnancy related, e.g. post natal depression.
- 69.** The 'protected' period in the context of IVF/fertility treatment begins at the implantation stage. Where implantation is unsuccessful it continues for a further two weeks.
- 70.** Where a miscarriage (legally defined as occurring up to the end of the 23rd week of pregnancy) occurs, the following two weeks will be treated as 'protected'.
- 71.** When an employee is off work on a pregnancy related sickness absence immediately prior to maternity leave, the start date of the maternity leave will be brought forward to whichever is the later of:
- the beginning of the sickness absence or;
 - the fourth week before the expected week of childbirth

Absence as a result of the menopause / peri menopause

- 72.** For employees who are experiencing the symptoms of menstruation, menstrual health conditions and peri/menopause, line managers and employees should consider how this policy can be applied in a way in which aligns to the [Menopause toolkit](#). This gives practical information and ideas about support and adjustments available.

Terminal illness

- 73.** Where an employee is suffering from a terminal illness, the Commission will endeavour as far as possible to accommodate their wishes and to provide the most financially advantageous arrangements for them and their family. This includes discussion of the possibility of ill-health retirement or the termination of employment with a lump-sum payment under their pension scheme.
- 74.** While the Commission will support employees who wish to continue working, employees with a terminal illness should bear in mind that there may come a time when they will be unable

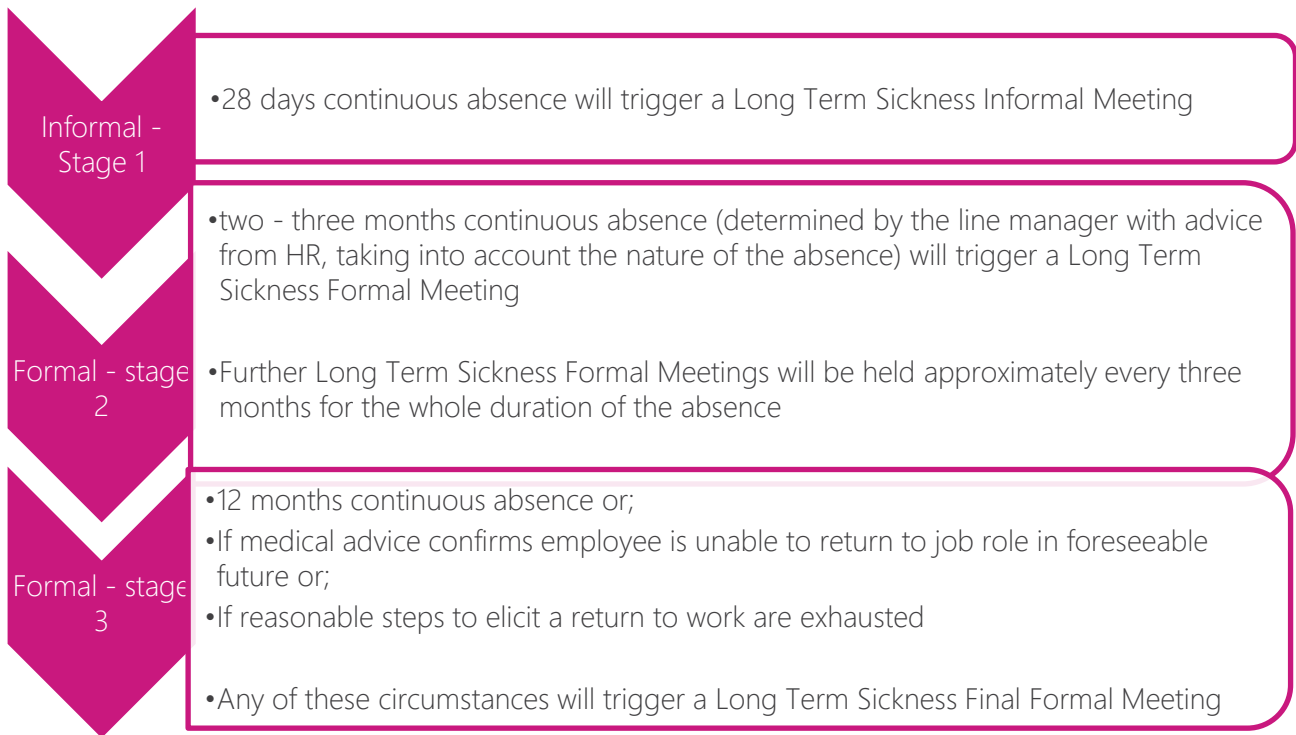
to continue working. In this case, the employee's line manager will discuss the options with the employee, with support from Employee Services and Occupational Health.

75. Terminally ill employees who choose to continue working should bear in mind that, while there is no obligation to inform the Commission or any of their colleagues about the illness, it is normally better to do so to allow the proper support to be provided.

76. The Commission has signed the **Dying to Work Charter**. This means that the Commission has committed to not dismissing any member of staff who is terminally ill for sickness absence or poor performance. For more information on this, please contact HR@senedd.wales

7 Procedure

77. Where an employee is absent from work for 28 continuous calendar days or longer, it is the responsibility of their line manager to initiate Long Term Sickness meetings in line with the stages set out below:



Adjustments to triggers

78. Where long term leave is related to pregnancy, disability or terminal illness, advice should be sought from **Employee Services** to determine whether any adjustments should be applied to the trigger points or the process to be undertaken. More information related to considerations for these circumstances is in Section 6. Any adjustments to triggers should be kept under review, usually through an annual review with occupational health.

79. Any sickness absence by a pregnant employee for a pregnancy-related reason **must** be discounted for the purpose of sickness absence under the formal stages. The manager should still maintain regular keeping in touch arrangements with the employee, offer appropriate support, and meet with them under the informal stage. If the manager is in any doubt as to whether or not a pregnant employee's absence is related to their pregnancy, the manager should contact **Employee Services** for clarification.

80. Where an employee has a terminal illness, we will work with them to understand the nature of their condition, provide appropriate advice and support and enable them to continue in our employment with dignity and respect. Their sickness absence must be discounted for the purpose of sickness absence under the formal stages. The manager should still maintain regular keeping in touch arrangements with the employee, and meet with them under the informal stage.

Stage 1 - Long Term Sickness Informal Meeting

81. Once an employee has been absent for 28 calendar days, their manager should arrange a Long Term Sickness Informal meeting. This meeting will usually involve the employee and line manager only. In some circumstances, a representative from the HR team may also be present. This meeting is in addition to the keep in touch arrangements mentioned above.

82. Meetings must be held at a location mutually agreed by the manager and employee, which could be on site, off site, or virtually. Whilst a public location near the employees home may be preferred (e.g. local coffee shop), consideration should be given to the sensitive nature of the conversation that needs to be conducted both around workplace matters and the individual's health condition(s).

83. A home visit can be stressful, blurring the lines between home and work. Before offering this option managers should consider what impact even the offer of such could have on the individual's condition. This option should only be considered where requested by the employee or where all other reasonable options have been considered and for such visits a dynamic risk assessment must be conducted in advance including consideration of safety of all involved and lone-working protocols.

84. The employee will be notified in writing of the meeting, and will be given at least two working days' notice of the meeting. The letter will explain to the employee the purpose of the meeting and advise the employee that they can be accompanied by a colleague or trade union representative in line with the [Right to be Accompanied guidance](#). A template invite letter is available in the [Managers Guidance for Managing Sickness Absence...](#)

85. At the meeting, the line manager will cover the discussion points below. A document for keeping notes of the meeting is available in the [Managers Guidance for Managing Sickness Absence...](#)

- Discuss how the employee is doing and the likely length of their absence, bearing in mind the advice in the employee's fit note or medical report;

- Discuss with the employee what steps can be taken to assist the employee in returning to work (for example, a phased return, amended job duties, altered hours of work, or workplace adaptations);
- Explain to the employee their sick pay entitlement (information related to pay in Annex B)
- Review keeping in touch arrangements
- Explain the next steps under the policy if the employee has not returned to work (Stage 2)
- If it appears that the employee will be unable to return to work in the long term, discuss the options available including redeployment to an alternative role, ill-health retirement, and termination of contract due to capability (more information in Annex C);
- Consider any occupational health report which has been received including any recommendations and discuss if a further referral is required.

86. After the meeting, the line manager will share a note of the meeting (and a recording if made) with the employee. This should be retained on SharePoint for 6 years in line with the HR Retention Schedule.

Stage 2 – Long Term Sickness Formal Meetings

87. Once an employee has been absent for two to three months continuous absence (determined by the line manager with advice from HR, taking into account the nature of the absence), their manager should arrange a Long Term Sickness Formal meeting. This meeting will be chaired by the line manager and a representative from the HR team will also be present. Meetings must be held at a location agreed by the manager and employee, which could be on site, off site, or virtually.

88. The employee will be notified in writing of the meeting, and will be given at least two working days' notice of the meeting. The letter will explain to the employee the purpose of the meeting and advise the employee that they can be accompanied by a colleague or trade union representative, in line with the [Right to be Accompanied guidance](#). A template invite letter is available in the [Managers Guidance for Managing Sickness Absence](#).

89. The meeting will review the topics previously discussed in the informal meeting. A document for keeping notes of the meeting is available in the [Managers Guidance for Managing Sickness Absence](#).

90. After the meeting, the line manager will share a note of the meeting (and a recording if made) with the employee. This should be retained on SharePoint for 6 years in line with the HR Retention Schedule.

91. Stage 2 Long Term Sickness Formal Meetings should continue to take place every three months until the employee returns to work or until they reach a Stage 3 trigger. These formal meetings are in addition to the Keeping in Touch arrangements agreed.

Stage 3 - Long Term Sickness Final Formal Meeting

92. A Stage 3 Long-term Sickness Final Formal Meeting will be arranged in the event of:

- 12 months continuous absence or;
- Medical advice confirms the employee is unable to return to work in the foreseeable future or;
- If all reasonable steps to assist the employee in returning to work (for example, a phased return, amended job duties, altered hours of work, or workplace adaptations) have been exhausted.

93. At this stage, the process should be managed in line with the disciplinary hearing process outlined in the disciplinary policy, with reference to the considerations set out in paragraphs 68-72.

94. This meeting will be chaired by a manager at least one grade above the employee, who has not previously been involved in managing the employee's sickness absence, and a representative from the HR team will also be present. Meetings must be held at a location agreed by the manager and employee, which could be onsite, off site, or virtually.

95. The employee will be notified in writing of the meeting, and will be given at least two working days' notice of the meeting. The letter will explain to the employee the purpose of the meeting and advise the employee that they can be accompanied by a colleague or trade union representative in line with the [Right to be Accompanied guidance](#). The letter should warn the employee that a possible outcome of the meeting is that they may be dismissed by reason of

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capability. Ahead of the meeting the employee will be provided with all documents which may be referred to in the meeting (e.g. sickness records, occupational health reports etc).

96. Each case will be considered on its own merits and full consideration will be given to all circumstances. Information reviewed in the meeting will include:

- the length of the employee's absence and the likely length of future absence;
- medical advice on the employee's condition;
- any consideration already made to alternatives to dismissal, or alternatives that could still be considered
- what adjustments are available to help the employee to return to work; and
- the effect of the employee's continued absence on their colleagues and department.

97. After the meeting, the manager conducting the meeting will set out in writing the outcome of the Stage 3 Long-term Sickness Absence Final Formal Review Meeting. The outcome letter should be provided to the employee as soon as possible after the meeting.

98. Possible outcomes of the meeting could be:

- a decision for the employee to remain on sickness absence until they have recovered (typically where an approximate return date can be identified);
- if applicable, further steps to pursue ill-health retirement (see para 99-100);
- the issue of a warning that the employee's continued absence is unsatisfactory;
- an offer to make adjustments to the employee's work, including alternative roles;
- redeployment with the employee's agreement (see para 101-104); or
- a decision to dismiss the employee with pay in lieu of notice. Where the employee is in a nil pay period, payment will be made on the basis of their usual contracted salary.

Ill-Health Retirement

99. Where the manager has been advised that an employee will be unfit to return to work in the foreseeable future, is permanently incapacitated or where an employee has been advised by

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their own medical practitioner that such an application would be in their interest, an application for Ill Health Retirement may be made by the employee to our Occupational Health Medical Adviser for consideration on whether to refer to the Pensions scheme Medical Adviser. In all cases final approval for Ill-Health Retirement rests with the pension scheme's Independent Medical Adviser.

100. The Commission Pensions team can provide advice on qualification criteria for Ill Health Retirement, as well as the financial implications of accepting, ill-health retirement.

Permanent Redeployment

101. The Commission may consider redeployment where it appears unlikely from the medical advice that an employee on long-term sickness absence will be able to return to their existing job role.

102. Any offer to redeploy the employee will be entirely at the Commission's discretion. Such an offer will be made only where the Commission is confident that the employee is no longer able to continue to work in their current job role and will be able to perform well in the redeployed job role.

103. While the employee is free to refuse any offer of redeployment, the only alternative available will usually be dismissal. If the Commission believes that there is no alternative job role available and suitable for the employee, the Commission may be left with no option but to dismiss.

104. Should the employee choose to accept permanent redeployment, they will be asked to agree to a variation of contract, under which employees may be expected to accept new terms of conditions, for example grade and salary. The [Priority postings policy](#)⁶ provides further information.

⁶ https://cynulliad.sharepoint.com/:w:/r/sites/cmn-policy-hub/_layouts/15/Doc.aspx?sourcedoc=%7B1A4EDB01-7663-4E32-A0EE-937474A81C9C%7D&file=Priority%20Postings%20Policy_e.docx&action=default&mobileredirect=true

Appeal

105. An employee who is dismissed under this policy has the right of appeal. The appeal should be submitted in line with the **Appeals Policy**⁷.

⁷ <https://cynulliad.sharepoint.com/sites/cmn-policy-hub/SitePages/Appeals.aspx>

Annex A- Sick Pay

The Commission operates a contractual sick pay scheme that is more generous than statutory sick pay (SSP). Payments under the Commission's scheme will be calculated by reference to the employee's basic salary only and any payments made under the Commission's scheme are inclusive of any entitlement to SSP for the same period of absence.

During sickness absence employees may be granted sickness absence on full pay up to a maximum of 182 days in any period of 12 months, and thereafter sickness absence on half pay, subject to a maximum of 365 days sickness absence (paid or unpaid) in any period of four years.

Where sickness absence is not continuous, three months comprises 91 days, six months 182 days and twelve months 365 days.

An employee who, because of illness either arrives late or ceases work during the course of the day may be regarded for pay purposes as having attended for the whole day.

Sick pay under the Commission's scheme is subject to the usual deductions for PAYE, national insurance, pension contributions, etc.

Employees on reduced rates of pay due to sickness absence may choose to use their annual leave entitlement during their sickness absence. This may extend the triggers for receiving their reduced rates of pay.

If an employee has been on a long period of sickness absence the Chief People Officer may authorise an extension to the limits of twelve months sickness absence in any period of four years by:

- up to sixty days when the individual is absent as a result of the earlier (original) illness, or
- by up to forty days for minor ailments unrelated to the original illness or injury.

This provision will not be used to extend the original period of paid long term sickness absence or to supplement a poor record resulting from minor unrelated illness.

Up to twelve months further sick pay beyond the limits set out in paragraph 2 above may be allowed if the Commission is satisfied from the medical evidence that there is reasonable prospect of recovery. The rate of pay will not be more than the rate of pension for which the employee would have qualified if they had been retired on ill health grounds on the day normal sickness absence was exhausted. Sick pay at pension rate (SPPR) must be authorised by the Principal Civil Service Pension Scheme (PCSPS) appointed Medical Adviser. Any further period of sick pay in these circumstances must similarly be approved by the Medical Adviser.

Sick pay cannot be paid once paid maternity leave has begun, nor during a period of unpaid maternity (although there may be an entitlement to Statutory Sick Pay (SSP) outside the 39 week period of Statutory Maternity Pay). Where an employee has provided at least eight weeks notification of their intention to return to work on a specific date, medically certified sick absence may be allowed from this date or from the end of Additional Maternity Leave if later. It should be noted, that an employee will not

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be allowed to bring forward their intended date of return in order to qualify for paid sick absence from an earlier date.

Any queries regarding Statutory Sick Pay or Contractual sick pay should contact payroll@senedd.wales

Annex B – Annual leave and sickness

Illness or injury whilst on annual leave

The purpose of annual leave is to ensure that employees gain a break from work and sufficient rest and relaxation.

If an employee falls ill or is injured whilst on annual leave and this results in them not being able to use their annual leave for rest and relaxation, the Commission will allow the employee to transfer the annual leave days to sickness absence. This only applies to the days that the employee is affected by the illness or injury. The employee may apply to take replacement annual leave at a later date.

If an employee is ill or is injured before the start of a period of annual leave, and is consequently unable to take the annual leave, the Commission may agree that the employee can postpone their annual leave to another mutually agreed time. Any annual leave dates must be approved by the employee's line manager in advance.

In these instances, employees may be required to provide a GP certificate or other medical evidence, at their own expense. The Commission's standard policies and procedures on sickness absence, pay and reporting an absence apply.

Annual leave during long-term sickness absence

An employee who is absent from work due to sickness will continue to accrue their annual leave entitlement.

During long-term sickness absence, employees will still be entitled to request and take annual leave, subject to the Commission's usual annual leave request and approval processes. Where employees are on half or nil pay, they may wish to request annual leave to enable them to be paid for these days.

If due to long term sickness, it is agreed between an employee and their manager that they have been unable to take all their annual leave by the end of their annual leave year, the employee will be entitled to carry over some or all of the untaken leave up to a maximum of 20 days.

This can be carried into the next leave year, or should the employee remain on long-term sickness absence leave, this can be carried over for up to 18 months from the end of the leave year in which the leave arises. The employee is responsible for making any annual leave requests during long-term sickness absence. The Commission's standard **Annual Leave Policy variation process and approval process applies**⁸.

⁸ <https://cynulliad.sharepoint.com/sites/cmn-policy-hub/SitePages/Annual-leave.aspx>

In cases of annual leave carry over to subsequent years, employees and managers are encouraged to discuss and agree plans to take annual leave on their return to work to gain a break and sufficient rest.

The Commission will continue to monitor Employment law cases and precedents in carrying over untaken annual leave as a result of sickness as this is a complex area that changes frequently.

Public and privilege days

During a nil pay period as a result of sick leave, staff will be entitled to credit for the public and privilege days that fall during the nil pay period, which will be added to their annual leave entitlement. Where staff are paid at half pay, they will be entitled to credit for half of each public and privilege day that falls during the half pay period, which will be added to their annual leave entitlement.

In both cases, for Full Time Staff and those Part Time Staff who normally credit specific days they would ordinarily be due to work, this will be applicable only for where public and privilege days fall on days they would ordinarily be due to work.

Part time members of staff who normally receive a pro-rata credit for all public and privilege days will receive half their pro-rata credit for each public and privilege day that falls during the half pay period and the full pro-rata credit for each public and privilege day that falls during the nil pay period. The hours will be added to their annual leave entitlement.

This does not apply to Night Shift Security Officers as their public and privilege entitlement is already incorporated in their annual leave entitlement.

Annex C - Report from an employee's medical practitioner

A request for a report from an employee's medical practitioner may be done at any point of the absence, e.g. if there is specialist advice required on treatment or diagnosis, or if the absence becomes long term, or if the sickness is progressing through formal routes. Confidentiality will be maintained at all times as appropriate to the need for the various parties to be informed.

Where a report from the employee's medical practitioner is necessary, the employee will be fully informed of their rights under the Access to Medical Reports Act 1988 by HR and their permission will be sought for the report to be obtained. The relevant permission consent form is available from **Employee Services**.

The employee has the right to access the medical practitioner's report before the Commission sees it. If the employee wishes to see the report, they should inform the Commission of this, so that it can inform the medical practitioner. The employee will then have 21 days from the date of making the application for the report to contact the medical practitioner to see the report. If the employee does not contact the medical practitioner within this timeframe, the medical practitioner can pass the report on to the Commission.

When requesting a report, the Commission will provide the medical practitioner with as much information as possible on the role of the employee and explain why the report is being sought. The Commission will provide the medical practitioner with:

- a copy of the employee's signed form consenting to the request to seek a medical report;
- confirmation that the employee is aware of their rights under the Access to Medical Reports Act 1988; and
- details of the major features of the employee's job.

The Commission may ask the medical practitioner to identify:

- the nature of the employee's illness or injury;
- when the employee is likely to be fully fit to resume their normal duties;
- if the employee is unfit to resume their normal duties, what alternative duties they might be fit to undertake;
- when the employee is likely to be fit to undertake any alternative duties;

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- what reasonable adjustments could be made to working conditions or work premises to facilitate a return to work; and
- the likelihood of recurrence of the illness or injury once the employee has returned to work.

Where the employee refuses permission for the Commission to contact their medical practitioner, the Commission will explain to the employee the reasons behind the request and inform the employee that a decision relating to their employment may be made without the benefit of access to medical reports. The same procedure will be followed where the employee delays in giving their consent.

Where the employee feels that the report is misleading or incorrect, they may ask the medical practitioner to amend it. If the medical practitioner does not agree with the employee and does not alter the report, the employee may attach a statement to the report to reflect their views.

Alternatively, having seen the report, the employee may request that access to the report be withheld from the Commission. The employee will be informed that a decision relating to their employment may be made without the benefit of access to medical reports.

Short Term Sickness Policy

Management of sickness absences of up to 27 calendar days

Policy publication date:	June 2025
Frequency of review:	Every five years or in the intervening period where there has been a change in legislation which affects this Policy
Date last reviewed:	June 2025
Current review date:	June 2025

This policy does not form part of any contract of employment or other contract to provide services, and the Commission may amend it at any time.

This policy supersedes previous attendance management / sickness absence policies.

This policy applies to employees only. It does not apply to workers, agency workers, consultants, self-employed contractors or volunteers.

Any contravention of this policy may lead to disciplinary action.

Advice on this policy can be sought from hr@senedd.wales



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1. Introduction

- 1.** The Senedd Commission (“the Commission”) is committed to managing and supporting employees who are absent from work due to ill health or sickness, and this policy seeks to ensure that a fair, consistent, and where appropriate, robust approach is taken to manage absence in the Commission.
- 2.** We place a high value on the health and wellbeing of our employees, and we are committed to ensuring that these needs are supported and managed with due consideration to the operational needs of the Commission. The Commission understands that an employee may have an illness or injury that means that they are not fit for work for periods of time, and that most people have some sickness absence from work during the course of their employment. The Commission strives to create an environment that provides for open and constructive communication and support for employees’ wellbeing to allow them to bring their whole selves to work.
- 3.** The Commission must also pay due regard to its service delivery and duty of care to all its employees. Absenteeism exacts a high cost and impact on the Commission and our colleagues, and it is in everyone’s interest to maximise attendance.
- 4.** By implementing this policy, the Commission aims to strike a reasonable balance between service delivery and the genuine needs of employees to take time off work due to sickness
- 5.** Once an employee's sickness has lasted 28 calendar days, the Commission 's long-term sickness absence policy applies and for the duration of the continuous long term sickness, the employee’s sickness absence will be managed under the terms and process of that policy. Any short term sickness absence process will be suspended during this time. Once the employee’s long term sickness ends, the terms and process of the short term sickness will be resumed at the same stage as when the employee’s long term sickness started.

How to use this policy

- 6.** For general management of any sickness absence of up to 27 days, including notification processes, documentation requirements and return to work meetings, see section 5: General procedure for managing any sickness absence

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- 7.** For considerations of specific types of sickness absence such as disability, pregnancy, work related stress, menopause, terminal illness and operations, see section 6: Considerations for specific types reasons for absence.
- 8.** For the procedure where staff hit a trigger point, the process for how to manage this is set out in section 7.
- 9.** For any period of sickness absence totalling 28 days or more, please refer to the Long-Term Sickness Absence Policy.

2. Principles

10. This policy has been developed in accordance with the following principles:

- Where there are issues preventing employees from attending work, these should be addressed effectively and sympathetically;
- It is essential to the effectiveness of managing absence that employees and managers communicate with each other as soon as illness happens and that early intervention and support, including appropriate referrals can be put in place as soon as possible;
- Managing the attendance of their staff is a key feature of any manager's role, and we expect managers to have a sympathetic, practical and common sense approach to the problems caused by ill health, including being aware of and using the considerable range of help available to support staff who are unwell and discussing any practical measures which could be used to help manage problems;
- All employees are expected to take due care of their health and to take adequate medical advice and treatment to overcome any health difficulties;
- Sickness absence is a sensitive issue and managers must ensure that any discussions or notes are treated in accordance with the Data Protection Act. Managers are entitled to access the sickness absence history of their team;

11. The Commission may take disciplinary action if there is evidence that:

- absence is not genuine or not for the reason provided;
- the employee is undertaking inappropriate activities while off sick, such as carrying out work for another organisation;
- the correct sickness absence notification and evidence procedure has not been followed;
- an employee has failed to furnish medical evidence of incapacity in a timely manner; in this case such absence may also be deemed to be unauthorised;
- there is an unauthorised absence, which means where an employee is absent and has not, by arrangement, taken annual leave or flexi-leave (or other authorised

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absence), or phoned their manager to report illness, such absence is deemed to be unauthorised; or

- An employee fail to adhere to any other aspect of this policy.

3. Definitions

The following definitions are used in this policy:

- **"Period of sickness absence"** or **"instance of sickness absence"** means any continuous period of sickness absence, of whatever length, during which the employee does not return to work.
- **"Short-term sickness absence"** means any period of sickness lasting between half a day up to 27 calendar days. A half day absence will be counted as an instance. Sickness absence that begins part way through the day will count as one full day's sickness absence if the employee leaves before completing 50% of their working day. Where sickness absence begins after the employee has completed 50% of their working day, this should be recorded as half a day's absence.
- **"Trigger points"** means a set number of days or number of periods of sickness absence which results in the employee's sickness being managed in line with the informal stage or formal stages set out in Section 7.

4. Related Policies and Guidance

12. This policy should be read in conjunction with the following policies/ guidance documents:

- **Long term Sickness Absence**
- **Guidance for managers on managing sickness absence**
- **Mental Health Policy and Mental Health toolkit**
- **Health and Safety Policy**
- **Health and Wellbeing Support**
- Occupational Health **management referral form and guidance**
- **Return to Work Form**
- **Disciplinary Policy**
- Appeals Policy
- The Staff Privacy Notice¹ outlines how any staff data related to this policy will be processed

It is the responsibility of Commission staff to ensure that they familiarise themselves with the above documents, which can be found on the Policy Hub section of the Intranet.

¹ <https://cynulliad.sharepoint.com/sites/cm-n-policy-hub/SitePages/Staff-Privacy-Notice.aspx>

5. General procedure for managing any sickness absence (whether or not a trigger has been reached)

13. In this section you can find information related to the process for:

- Notification of sickness absence and resulting discussion points
- Documentation and recording sickness absence (including Fit Notes)
- Keeping in Touch arrangements
- Occupational health
- Other support
- Return to work arrangements

5.1 Notification of sickness absence and resulting discussion points

14. On the first day of sickness absence, the employee must inform their manager as soon as reasonably practicable that they will not be working because of illness or injury. If the manager is unavailable, the employee should contact the next most appropriate person within the team.

15. If an employee has begun work, but needs to leave/log off during the day because of ill health, they should inform their manager before leaving work/logging off. If the manager is unavailable, the employee should inform the next most appropriate person within the team.

16. Notification of sickness absence must be via telephone, rather than text message, email or social media. In exceptional circumstances where the employee is unable to telephone (for example, because of hospitalisation), another person such as a friend or relative can contact the line manager on their behalf.

17. The employee should provide a clear reason (i.e. the nature of the illness or injury) why they cannot attend work, and estimate how long they think the absence will last. The employee should also be prepared to discuss briefly the impact of their absence, for example if meetings need to be cancelled or any essential work needs to be covered.

- 18.** If at this stage (or during any subsequent point of sickness absence management) it is identified that the employee has an underlying condition or disability which may result in higher sickness absence a referral should be made to the occupational health nurse for guidance.
- 19.** For each subsequent sick day after the first day of absence, the employee and line manager should agree a communication plan for the duration of the absence (see Keeping in Touch (paras 33 – 36).
- 20.** The employee and manager should discuss whether a management referral to Occupational Health should be made (see paras 37-44 – Occupational Health)
- 21.** If employee is absent for 28 days or more, or known that absence will last 28 days or more, this should be managed under the [Long Term Sickness Policy](#).

5.2 Documentation and recording sickness absence

- 22.** The line manager should update the employee's absence record form on iTrent on the first day of absence, and ensure that the absence is closed promptly when the employee returns.
- 23.** Employees must provide a fit note (or series of fit notes) for any absence of eight calendar days or more. If sickness is for seven calendar days or less, the employee does not have to provide a GP fitness for work statement.
- 24.** Information related to the arrangements for sick pay is in Annexe A. See Annexe B for arrangements where sickness falls over a period of pre booked annual leave

Fit notes

- 25.** When a Fit Note is provided, this must be uploaded onto the iTrent system (guidance on how to do this is in the [iTrent :Manager guidance document](#)).
- 26.** Fit notes must cover the whole period of absence (excluding the initial seven calendar days which can be self-certified) and fit notes should be provided promptly. Employees must continue to ensure that any subsequent fit notes which are issued, are provided to their manager as soon as they are issued by their GP/other medical profession.
- 27.** For any period of absence where a fit note is not provided, this may be considered as unauthorised leave and this may necessitate disciplinary action and/ or enhanced sick pay may be withdrawn resulting in the employee being paid Statutory Sick Pay (SSP) only.

28. A doctor's fit note may state that the employee:

- is "not fit for work", in which case the employee should remain off work; or
- "may be fit for work", if the doctor's recommendations are followed (for example, a phased return, amended job duties, altered hours of work, or workplace adaptations).

29. Where a Fit Note states that the employee may be fit for work subject to recommendations, managers should consider the recommendations, in consultation with the employee and Employee Services, and give fair consideration as to whether any or all of the recommendations can be accommodated. There is, however, no legal obligation on the Commission to implement the recommendations.

30. If the line manager is unable to make adjustments to accommodate the doctor's advice supporting an earlier return to work, the Fit Note will be accepted as certification that the employee is not fit for work. The employee does not need to return to their doctor/other designated healthcare professional for a new Fit Note to confirm this. The Fit Note will indicate the period of time covered.

31. The employee can come back to work at any time, even if this is before their Fit Note expires. They do not need to go back to their doctor first. Where the recommended time off has been taken in full, unless the GP/other designated healthcare professional has indicated on a Fit Note that they wish to see the employee again when the Fit Note expires, then there is no need for a 'signing off' Fit Note. Line managers must ensure that they are clear on what the medical practitioner has indicated on a Fit Note. If a line manager has any concerns about an employee's capability to return to work early they should seek advice from Occupational Health.

5.3 Keeping in Touch arrangements

32. The line manager and employee should agree arrangements to maintain contact throughout the sickness absence. Contact should be on a regular basis to provide ongoing support and minimise isolation from the workplace. It is a joint responsibility to maintain the keeping in touch arrangements agreed.

33. Arrangements for keeping in touch should be agreed with the employee and documented by the line manager. The plan should include the frequency of contact and preferred method of communication. The line manager should keep the plan securely on SharePoint (access restricted to manager and employee, or anyone else with whom it has been agreed this can be

shared, ie Head of Service). This should be deleted after 6 years in line with the HR Retention Schedule.

34. Frequency of contact should reflect a balance between providing adequate and sufficient support for the employee and keeping the line manager informed about likely duration of sickness absence, as far as possible, with the need to allow the employee time stress-free away from work to rest and recover. Overly burdensome keeping-in-touch arrangements may hinder recovery. If necessary, seek advice on this matter from Employee Services or Occupational Health.

35. Keeping in touch discussions should include discussion about the employee's health and any changes, policies, guidance and support available to the employee; any occupational health or other medical advice required or received; information and updates (as appropriate to the circumstance) related to their role or workplace developments; sick pay entitlement; and arrangements for return to work. A Keeping in Touch template is available in the [Managers Guidance for managing sickness absence](#).

36. In some circumstances, it may be more appropriate for the line manager's manager or Head of Service to be the point of contact – this should be discussed and agreed with the employee.

5.4 Occupational Health

37. Occupational health should usually be sought in circumstances where:

- A referral is requested by the employee;
- There is sickness absence related to mental health;
- Once an employee has 28 days continuous sickness absence, or once it is known that an employee has been signed off for a period that will exceed 28 days; or
- In any other circumstance where the manager or employee consider that occupational health would be beneficial.

38. However in some circumstances, and in agreement with the employee and HR, the Commission may decide not to refer the individual to Occupational Health.

39. The purpose of a referral can include ascertaining any medical support that can be provided to the employee, to gain further information about a diagnosis received, to seek

advice to facilitate their return to work , or to provide advice on reasonable workplace adjustments.

40. The employee will need to provide their manager with consent to submit the referral, and provide Occupational Health with informed consent prior to the report being released to their manager.

41. Employees are expected to attend occupational health appointments where requested. Where employees are given reasonable opportunity to attend occupational health appointments and decline to do so, the management of sickness absence will continue in line with the procedures set out in this policy and decisions will be made on the information available.

42. Following a management referral, Occupational Health will conduct an assessment with the employee (either face-to-face or by telephone). The outcome will be to provide advice/support to the employee and to issue a report to management. It is vital that management discuss the referral form (and any questions asked) with the employee prior to sending on to Occupational Health.

43. The Occupational Health report will aim to provide advice, guidance and suggestions on the case and to address the queries raised in the management referral. The advice will reflect the professional opinion of the Occupational Health Advisor based on the assessment and medical information available at the time and is not obligatory. Ultimately, it is the responsibility of the manager/employer to manage the employment situation and make the final decision on what can and cannot be accommodated in the workplace, based on what they consider is reasonably practicable and compatible with the needs of the business.

44. In advising and assisting managers and HR Operations with managing a long term sickness absence, Occupational Health may contact the employee's GP (or other relevant clinician), following the employee's written consent, for medical information to inform their advice – see Annexe C for more information.

5.5 Other support

45. Throughout the absence, line managers should have ongoing conversations with the employee about other support available from the Commission. [This page on the intranet](#)²

² <https://cynulliad.sharepoint.com/:u:/r/sites/cmn-hr/SitePages/Support-mechanisms-during-sickness-absence.aspx>

details support available, however is not an exhaustive list – further advice can be sought from hr@senedd.wales

46. Key support mechanisms which could be considered include (where applicable):

- Employee Assistance Programme (EAP)
- A stress risk assessment
- A Wellbeing Recovery Action Plan (WRAP)
- The wellbeing intranet pages
- Mindful (Senedd Commission mental health staff engagement network)
- Mental health first aiders
- Advice from HR
- Specific risk assessments
- Changes to working arrangements, job role or any other adjustments or support that may be appropriate.

5.6 Return to Work arrangements

47. Line managers are expected to take appropriate steps to support the employee with their reintroduction to work.

48. Managers should work with the employee to plan the return to work taking into account the length of time the employee has been absent, the nature of their absence, and the extent of any changes to their role or work patterns required/requested to accommodate their return to work.

Return to work meeting

49. A Return to Work meeting must be held on return from sickness ideally on the employee's first day back at work, or as soon as possible after their first day back. This is an informal meeting, and it is the joint responsibility of the employee and manager to make arrangements this meeting. Managers must complete a **Return to Work Form** as a record of the meeting.

50. Return to work interviews must not be held in an open-plan office, and should take place in a meeting room or other location where the employee and manager can speak freely and not be overheard. Alternatively, the meeting can be held virtually over Teams where both participants are joining from suitable private spaces (e.g. Home Offices, Private Meeting rooms or Meeting booths). All discussions between the employee and the manager should be safe from being overheard or shared beyond those involved in dealing with the matter.

51. This discussion should include a review of the employee's absence, including the reasons for the absence, any updates on the employee's medical situation, any adjustments that have been agreed or are required to support the employee with their return (whether temporary or permanent), any further support needed (see section 5.5 – Other Support), any discussions about work or updates that the employee may have missed, and if applicable, how often/when/how regular evaluations of their adjustment to returning to work will be undertaken (including any phased return arrangements if applicable).

52. If the employee has reached a sickness absence trigger, then discussion should also be held as to the next steps in line with the relevant procedure set out in Section 7.

6. Considerations for specific types reasons for absence

53. This section should be read in conjunction with the 'Adjustments to triggers' section (paras 70-72)

Work related absence

54. Line managers should discuss reasons for absence with the employee and check whether it is in any way work related - for example as a result of workplace stress, accident or injury. If there is a work related reason, the manager must contact the **Employee Services** team in HR for advice.

Disability related absence

55. Where the employee's absence is related to disability, line managers should keep in mind the Equality Act 2010, which makes it unlawful for employers to discriminate against employees for a reason relating to their impairment (or other protected characteristics). In meeting obligations under the Equality Act, consideration must be given as to whether there are any reasonable adjustments that may need to be made to assist a disabled employee. Adjustments that could be considered include but are not limited to:

- Making physical adjustments to a workstation
- Providing special equipment
- Altering working hours
- Re-allocating some duties to another employee
- Accepting that a disabled employee may have a higher level of sickness absence than normal (see paras 70-72 – Adjusting sickness absence triggers)
- Considering a case for providing alternate locations to work, including home working

56. The manager is advised to contact the **Employee Services** team in HR for advice for anyone on long term sickness who has, or may have, a disability. Managers may become aware

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of a disability as a result of an employee making them aware, through occupational health, via other medical advice, or through other means.

Pregnancy related absence

57. Pregnancy related sickness absence is 'protected' in that it is discounted for trigger points and half/nil pay points. The 'protected period' commences at the point at which the employee's pregnancy begins and ceases to apply once the employee has returned to work or was due to return to work following paid and unpaid maternity leave, even if the condition causing the absence appears to be pregnancy related, e.g. post natal depression.

58. The 'protected' period in the context of IVF/fertility treatment begins at the implantation stage. Where implantation is unsuccessful it continues for a further two weeks.

59. Where a miscarriage (legally defined as occurring up to the end of the 23rd week of pregnancy) occurs, the following two weeks will be treated as 'protected'.

60. When an employee is off work on a pregnancy related sickness absence immediately prior to maternity leave, the start date of the maternity leave will be brought forward to whichever is the later of:

- The beginning of the sickness absence or;
- The fourth week before the expected week of childbirth

Absence as a result of the menopause / peri menopause

61. For employees who are experiencing the symptoms of menstruation, menstrual health conditions and peri/menopause, line managers and employees should consider how this policy can be applied in a way in which aligns to the [Menopause toolkit](#). This gives practical information and ideas about support and adjustments available.

Terminal illness

62. Where an employee is suffering from a terminal illness, the Commission will endeavour as far as possible to accommodate their wishes and to provide the most financially advantageous arrangements for them and their family. This includes discussion of the possibility of ill-health retirement or the termination of employment with a lump-sum payment under their pension scheme.

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63. While the Commission will support employees who wish to continue working, employees with a terminal illness should bear in mind that there may come a time when they will be unable to continue working. In this case, the employee's line manager will discuss the options with the employee, with support from Employee Services and Occupational Health.

64. Terminally ill employees who choose to continue working should bear in mind that, while there is no obligation to inform the Commission or any of their colleagues about the illness, it is normally better to do so to allow the proper support to be provided.

65. The Commission has signed the **Dying to Work Charter**. This means that the Commission has committed to not dismissing any member of staff who is terminally ill for sickness absence or poor performance. For more information on this, please contact HR@senedd.wales

Operations

66. Where an individual is medically advised to have an operation, the period of time for the operation, as well as reasonable recovery time (as set out by medical advice from the relevant doctor, or occupational health), will be discounted from trigger points. However if an operation results in a total time off of over 28 days, this will be managed in line with the long term sickness policy.

67. Where an individual has an elective operation or medical intervention, the time for the operation and recovery will not normally be discounted, unless occupational health advise that that operation will have a significant positive impact on their sickness absence and wellbeing. Any decision on this will be at the discretion of the relevant Head of Service in conjunction with advice from the HR Operations team.

7. Procedure where employee hits a sickness absence trigger

68. If the employee's sickness absence hits a 'trigger point', then the employee's sickness should be managed initially in line with the informal stages set out in Section 7.2. If the sickness absence does not improve in line with the expectations set for future attendance, then the employee's sickness may be managed in line with the Formal Stages outlined in Section 7.3 onwards. A summary of the different procedural stages is shown below:



7.1 Trigger points

69. The trigger points to begin the informal steps for short-term sickness absence (which all are assessed over a 12 month rolling period) are:

- 10 calendar days self-certified sickness; or
- short term absences totalling 21 calendar days self-certified and medically certified; or
- there have been 3 separate instances of absence (either short-term or long-term), or
- the pattern of absence is otherwise a cause for concern.

Adjustments to triggers

70. In some cases trigger points may need to be adjusted to recognise specific circumstances that result in sickness absence, for example as a result of disability, terminal illness or operations; in these cases, advice should be sought from **Employee Services** to determine whether any adjustments should be applied to the trigger points or the process to be undertaken. More information related to considerations for these circumstances is in Section 6. Any adjustments to triggers should be kept under review, usually through an annual review with occupational health.

71. Any sickness absence by a pregnant employee for a pregnancy-related reason **must** be discounted from triggers. The manager should still maintain regular keeping in touch arrangements with the employee and offer appropriate support. If the manager is in any doubt as to whether or not a pregnant employee's absence is related to their pregnancy, the manager should contact **Employee Services** for clarification.

72. Where an employee has a terminal illness, we will work with them to understand the nature of their condition, provide appropriate advice and support and enable them to continue in our employment with dignity and respect. Their sickness absence must be discounted from triggers. The manager should still maintain regular keeping in touch arrangements with the employee, and offer appropriate support.

7.2 Informal stage

73. Where an employee hits a sickness absence trigger as set out in para 69 (or breaches any adjusted triggers they may have) – and the employee has not been subject to another informal

sickness process within the last 2 years, then the informal stage of sickness absence management will be initiated.

Meeting

74. As soon as possible after the employee's absence, the line manager will hold an Informal sickness meeting with the employee. This meeting should usually take place within 10 working days of the line manager being notified the employee has hit a trigger.

75. A template outline for the points that should be covered in this meeting is in the [Managers Guidance for Managing Sickness Absence](#). The purpose of the meeting is to discuss any additional help or support that could be offered, and agree expectations for sickness absence within the 6 month informal monitoring period which will follow the meeting.

76. As it is an informal meeting, it is not expected that anyone else should attend the meeting. However, advice is available from HR if either the employee or manager have concerns about how the meeting might be conducted. A record of the meeting will be made which could be via a sound recording or notes.

77. In the meeting, the following will be considered:

- the employee's sickness absence record including dates and reasons;
- any possible underlying causes including whether any of the special circumstances / reasons for sickness absence in Section 6 apply, or any personal, domestic or work difficulties which are affecting the employee's general health;
- the support available, including whether a referral to occupational health is required (or a review of any previous occupational health advice received);
- what measures, if any, the employee can take to improve attendance, and any assistance the Commission can provide to help the employee to overcome, or cope more effectively, with any health problems;
- the impact/disruption caused by the frequency/length of their absences;
- that their employment could be at risk if their attendance does not improve;
- the expectations of sickness absence during the subsequent monitoring period; and

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- the outcomes of the monitoring period in the case that the expectations are met / not met.

78. After the meeting, the manager conducting the meeting will send a letter to the employee to confirm what was discussed (template in the [Managers Guidance for Managing Sickness Absence](#)). This should be retained on SharePoint for 6 years in line with the HR Retention Schedule.

Expectations for sickness absence during the 6 month informal monitoring period

79. Usual expectations for sickness absence during the 6 month informal monitoring period would be that the employee's absence does not exceed:

- 5 days self-certified absence OR;
- Short term absences totalling 10 days self-certified and medically certified OR;
- 2 spells of absence.

80. However, in cases where sickness absences are related to disability, or any of the other situations set out in Section 5: Special circumstances / reasons for sickness absence, medical advice will usually be sought to ensure that the absence target is fair and reasonable.

3.2.2 End of Informal Review

81. At the end of the 6 month period a further meeting should be held to decide whether the employee has passed the monitoring period successfully. However, if the employee breaches the sickness absence targets set during the review period, this meeting can be brought forward ahead of the 6 months, to be held at the point at which the targets have been breached. Where the required improvement has not been made during the course of the review period, advice should be sought from HR to ensure that cases are being dealt with on a consistent basis.

82. If the review meeting is unable to be undertaken on time due to unforeseen delays/circumstances, any sickness absence that occurs between the end of the review period and the actual date of the review meeting will be taken into consideration when deciding if the employee has reached the required attendance level. If the line manager is unavailable it is the responsibility of their line manager to ensure that the end of review meeting is undertaken.

83. If the employee is on long-term sick, or takes a period of more than two weeks annual leave during the review period, then the review period will be extended by the same length as the absence.

Informal Review - Successful

84. If the employee maintains an acceptable level of attendance, this will be outlined in the meeting. As it is an informal meeting, it is not expected that anyone else should attend the meeting. However, advice is available from HR if either the employee or manager have concerns about how the meeting might be conducted. A record of the meeting will be made which could be via a sound recording or notes.

85. Line managers must inform the employee that if their sickness absence exceeds the normal absence trigger points at any point within a 2 year period of the informal review meeting, then their absence will be managed in line with the first formal stage of the sickness absence process.

86. Similarly, the formal procedure may be initiated in circumstances where 2 informal Managing Attendance Meetings have been held in a period of less than 24 months (where the employee has consistently passed the monitoring period and not proceeded to the formal stages).

87. After the meeting, the manager conducting the meeting will send a letter to the employee to confirm what was discussed (template in the [Managers Guidance for Managing Sickness Absence](#)). This should be retained on SharePoint for 6 years in line with the HR Retention Schedule.

Informal Review - Unsuccessful

88. If the employee fails to maintain an acceptable level of attendance, this will be outlined in the informal review meeting, and the employee will be advised that their sickness absence will be managed in line with the first formal stage of the sickness absence procedure. As it is an informal meeting, it is not expected that anyone else should attend the meeting. However, advice is available from HR if either the employee or manager have concerns about how the meeting might be conducted. A record of the meeting will be made which could be via a sound recording or notes.

7.3 Formal stage 1

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89. The formal stage 1 sickness absence management procedures will be initiated in the case that either:

- the employee exceeds the expected levels of sickness absence set out at Informal stage during the 6 month informal monitoring period, or;
- the employee hits a trigger and has been subject to an informal sickness process within the previous 2 years

Meeting

90. As soon as possible after the end of informal stage review meeting, the line manager will invite the employee in writing to a Stage 1 formal sickness absence meeting, giving them at least two working days notice. This meeting should usually take place within 10 working days of the line manager being notified the employee has hit a trigger. Subject to the terms of this policy, the process should be managed in line with the disciplinary hearing process outlined in the disciplinary policy.

91. The purpose of the meeting is to discuss any additional help or support that could be offered, and agree expectations for sickness absence within the formal monitoring period which will follow the meeting. Ahead of the meeting the employee will be provided with all documents which may be referred to in the meeting (e.g. sickness records, occupational health reports etc).

92. The employee will have the right to be accompanied at the meeting by a colleague or trade union representative, in line with the Right to be Accompanied guidance.

93. This meeting will be chaired by the line manager, and a representative from the HR team will also be present. Meetings must be held at a location agreed by the manager and employee, which could be on site, off site, or virtually. A record of the meeting will be made which could be via a sound recording or notes.

94. In the meeting, the following will be considered:

- the employee's sickness absence record including dates and reasons;
- any possible underlying causes including whether any of the special circumstances / reasons for sickness absence in Section 6 apply, or any personal, domestic or work difficulties which are affecting the employee's general health;

- the support available, including whether a referral to occupational health is required (or a review of any previous occupational health advice received);
- what measures, if any, the employee can take to improve attendance, and any assistance the Commission can provide to help the employee to overcome, or cope more effectively, with any health problems;
- the impact/disruption caused by the frequency/length of their absences;
- that their employment could be at risk if their attendance does not improve;
- the expectations of sickness absence during the subsequent monitoring period; and
- the outcomes of the monitoring period in the case that the expectations are met / not met.

95. The employee should be given full opportunity to share any relevant information.

96. During the meeting, the manager will adjourn the meeting to consider the outcome of the meeting. This will take into account the information which has been discussed in the meeting.

97. In most cases the employee will then be issued a first written warning. They will also be advised that their attendance will be monitored over a formal monitoring period of 6 months to allow them the opportunity to improve their attendance, and the expectations for sickness absence during that period. They should also be advised that if there is no improvement, or if the improvement is not sufficient and sustained, a final written warning will be issued, and that ultimately their employment could be terminated on grounds of capability due to unsatisfactory attendance. It should be made clear that staff should not attend work during this period if they are not well enough.

98. After the meeting, the manager conducting the meeting will send a letter to the employee to confirm what was discussed. This should be retained on SharePoint for 6 years in line with the HR Retention Schedule.

99. Where an employee is issued a warning, they have the right to appeal. Any appeal should be submitted in line with the **Appeals Policy**³.

³ <https://cynulliad.sharepoint.com/sites/cmn-policy-hub/SitePages/Appeals.aspx>

Expectations for sickness absence during the 6 month formal monitoring period

100. Usual expectations for sickness absence during the 6 month formal monitoring period would be that the employee's absence does not exceed:

- 5 days self-certified absence;
- Short term absences totalling 10 days self-certified and medically certified OR;
- 2 spells of absence.

101. However, in cases where sickness absences are related to disability, or any of the other situations set out in Section 5: Special circumstances / reasons for sickness absence, medical advice will usually be sought to ensure that the absence target is fair and reasonable.

3.2.2 End of Stage 1 formal review

102. At the end of the stage 1 formal monitoring period a meeting should be held to decide whether the employee has passed the monitoring period successfully. However, if the employee breaches the sickness absence targets set during the review period, this meeting can be brought forward ahead of the 6 months, to be held at the point at which the targets have been breached.

103. If the review meeting is unable to be undertaken on time due to unforeseen delays/circumstances, any sickness absence that occurs between the end of the review period and the actual date of the review meeting will be taken into consideration when deciding if the employee has reached the required attendance level. If the line manager is unavailable it is the responsibility of their line manager to ensure that the end of review meeting is undertaken.

104. If the employee is on long-term sick, or takes a period of more than two weeks annual leave during the review period, then the review period will be extended by the same length as the absence.

Stage 1 formal Review - Successful

105. If the employee maintains an acceptable level of attendance, this will be outlined in the meeting. This meeting will be chaired by the line manager, and a representative from the HR team will also be present. Meetings must be held at a location agreed by the manager and employee, which could be on site, off site, or virtually. A record of the meeting will be made which could be via a sound recording or notes.

106. Line managers must inform the employee that if their sickness absence exceeds the normal absence trigger points at any point within a 2 year period of this meeting, then their absence will be managed in line with the Stage 2 - formal stage of the sickness absence process.

107. After the meeting, the manager conducting the meeting will send a letter to the employee to confirm what was discussed. This should be retained on SharePoint for 6 years in line with the HR Retention Schedule.

Informal Review - Unsuccessful

108. If the employee fails to maintain an acceptable level of attendance, this will be outlined in the formal stage 1 review meeting, and the employee will be advised that their sickness absence will be managed in line with the Stage 2 formal stage of the sickness absence procedure. A record of the meeting will be made which could be via a sound recording or notes.

7.4 Formal stage 2

109. The formal stage 2 sickness absence management procedures will be initiated where:

- An employee exceeds the future expected levels of sickness absence set out at Formal Stage

Management of formal stage 2 process

110. Stage 2 will be managed in line with the same provisions for Stage 1, with the exception that:

111. At this stage, any warning issued would usually be a final writing warning.

112. The monitoring period will consist of a 12 month period, during which sickness absence levels must not reach the following triggers:

- 10 calendar days self-certified sickness; or
- short term absences totalling 21 calendar days self-certified and medically certified; or
- there have been 3 separate instances of absence (either short-term or long-term), or
- the pattern of absence is otherwise a cause for concern.

113. If the employee maintains an acceptable level of attendance, in the end of stage 2 formal review meeting, the employee will be advised that if their sickness absence exceeds the normal absence trigger points at any point within a 12 month period of this meeting, then their absence will be managed in line with the Stage 2 - formal stage of the sickness absence process.

114. After the meeting, the manager conducting the meeting will send a letter to the employee to confirm what was discussed. This should be retained on SharePoint for 6 years in line with the HR Retention Schedule.

If the employee fails to maintain an acceptable level of attendance, the employee will be advised that their sickness absence will be managed in line with the Stage 3 formal stage of the sickness absence procedure.

7.5 Formal stage 3

115. As soon as possible after the end of formal stage 2 meeting, the employee will be invited to a Stage 3 formal review meeting. This meeting will be chaired by a manager at least one grade above the employee, who has not previously been involved in managing the employee's sickness absence. The manager chairing the meeting will invite the employee in writing to a Stage 3 formal sickness absence meeting, giving them at least two working days notice.

116. Subject to the terms of this policy, the process should be managed in line with the disciplinary hearing process outlined in the disciplinary policy.

117. The purpose of the meeting is to discuss any additional help or support that could be offered, and agree expectations for sickness absence within the formal monitoring period which will follow the meeting. Ahead of the meeting the employee will be provided with all documents which may be referred to in the meeting (e.g. sickness records, occupational health reports etc).

118. The employee will have the right to be accompanied at the meeting by a colleague or trade union representative, in line with the [Right to be Accompanied guidance](#).

119. This meeting will be chaired by the line manager, and a representative from the HR team will also be present. Meetings must be held at a location agreed by the manager and employee, which could be on site, off site, or virtually. A record of the meeting will be made which could be via a sound recording or notes.

120. Each case will be considered on its own merits and full consideration will be given to all circumstances. Information reviewed in the meeting will include:

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- the length of the employee's absence and the likely length of future absence;
- medical advice;
- any consideration already made to alternatives to dismissal, or alternatives that could still be considered
- what adjustments are available to help the employee to maintain acceptable attendance levels at work;
- the likelihood of improvement in the foreseeable future; and
- the effect of the employee's continued absence on their colleagues, department and business need.

The employee should be given full opportunity to share any relevant information.

121. During the meeting, the manager will adjourn the meeting to consider the outcome of the meeting. This will take into account the information which has been discussed in the meeting.

122. Possible outcomes of the meeting could be:

- a decision for the employee to remain on sickness absence until they have recovered (typically where an approximate return date can be identified);
- if applicable, further steps to pursue ill-health retirement (see para 125-126);
- the issue of a warning that the employee's continued absence is unsatisfactory;
- an offer to make adjustments to the employee's work, including alternative roles;
- redeployment with the employee's agreement(see para 127-130); or
- a decision to dismiss the employee with pay in lieu of notice. Where the employee is in a nil pay period, payment will be made on the basis of their usual contracted salary.

123. After the meeting, the manager conducting the meeting will send a letter to the employee to confirm what was discussed. This should be retained on SharePoint for 6 years in line with the HR Retention Schedule.

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124. Any dismissal will be managed in line with the provisions set out in the Disciplinary Policy. An employee who is issued any warning or dismissed under this stage of the policy has the right of appeal. The appeal should be submitted in line with the **Appeals Policy⁴**.

Ill-Health Retirement

125. Where the manager has been advised that an employee will be unfit to return to work in the foreseeable future, is permanently incapacitated or where an employee has been advised by their own medical practitioner that such an application would be in their interest, an application for Ill Health Retirement may be made by the employee. HR, the Pensions team, and Occupational Health will work with the employee to consider whether to refer to the Pensions scheme Medical Adviser. In all cases final approval for Ill-Health Retirement rests with the pension scheme's Independent Medical Adviser.

126. The Commission Pensions team can provide advice on qualification criteria for Ill Health Retirement, as well as the financial implications of accepting, ill-health retirement.

Permanent Redeployment

127. The Commission may consider redeployment where it appears unlikely from the medical advice that an employee on long-term sickness absence will be able to return to their existing job role.

128. Any offer to redeploy the employee will be entirely at the Commission's discretion. Such an offer will be made only where the Commission is confident that the employee is no longer able to continue to work in their current job role and will be able to perform well in the redeployed job role.

129. While the employee is free to refuse any offer of redeployment, the only alternative available will usually be dismissal. If the Commission believes that there is no alternative job role available and suitable for the employee, the Commission may be left with no option but to dismiss.

130. Should the employee choose to accept permanent redeployment, they will be asked to agree to a variation of contract, under which employees may be expected to accept new terms

⁴ <https://cynulliad.sharepoint.com/sites/cmn-policy-hub/SitePages/Appeals.aspx>

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of conditions, for example grade and salary. The [Priority postings policy](#)⁵ provides further information.

⁵ https://cynulliad.sharepoint.com/:w:/r/sites/cm-n-policy-hub/_layouts/15/Doc.aspx?sourcedoc=%7B1A4EDB01-7663-4E32-A0EE-937474A81C9C%7D&file=Priority%20Postings%20Policy_e.docx&action=default&mobileredirect=true

Annex A - Sick Pay

The Commission operates a contractual sick pay scheme that is more generous than statutory sick pay (SSP). Payments under the Commission's scheme will be calculated by reference to the employee's basic salary only and any payments made under the Commission's scheme are inclusive of any entitlement to SSP for the same period of absence.

During sickness absence employees may be granted sickness absence on full pay up to a maximum of 182 days in any period of 12 months, and thereafter sickness absence on half pay, subject to a maximum of 365 days sickness absence (paid or unpaid) in any period of four years.

Where sickness absence is not continuous, three months comprises 91 days, six months 182 days and twelve months 365 days.

An employee who, because of illness either arrives late or ceases work during the course of the day may be regarded for pay purposes as having attended for the whole day.

Sick pay under the Commission's scheme is subject to the usual deductions for PAYE, national insurance, pension contributions, etc.

Employees on reduced rates of pay due to sickness absence may choose to use their annual leave entitlement during their sickness absence. This may extend the triggers for receiving their reduced rates of pay.

If an employee has been on a long period of sickness absence the Chief People Officer may authorise an extension to the limits of twelve months sickness absence in any period of four years by:

- up to sixty days when the individual is absent as a result of the earlier (original) illness, or
- by up to forty days for minor ailments unrelated to the original illness or injury.

This provision will not be used to extend the original period of paid long term sickness absence or to supplement a poor record resulting from minor unrelated illness.

Up to twelve months further sick pay beyond the limits set out in paragraph 2 above may be allowed if the Commission is satisfied from the medical evidence that there is reasonable prospect of recovery. The rate of pay will not be more than the rate of pension for which the employee would have qualified if they had been retired on ill health grounds on the day normal sickness absence was exhausted. Sick pay at pension rate (SPPR) must be authorised by the Principal Civil Service Pension Scheme (PCSPS) appointed Medical Adviser. Any further period of sick pay in these circumstances must similarly be approved by the Medical Adviser.

Sick pay cannot be paid once paid maternity leave has begun, nor during a period of unpaid maternity (although there may be an entitlement to Statutory Sick Pay (SSP) outside the 39 week period of Statutory Maternity Pay). Where an employee has provided at least eight weeks notification of their intention to return to work on a specific date, medically certified sick absence may be allowed from this date or from the end of Additional Maternity Leave if later. It should be noted, that an employee will not

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be allowed to bring forward their intended date of return in order to qualify for paid sick absence from an earlier date.

Any queries regarding Statutory Sick Pay or Contractual sick pay should contact payroll@senedd.wales

Annex B – Annual leave and sickness

Illness or injury whilst on annual leave

The purpose of annual leave is to ensure that employees gain a break from work and sufficient rest and relaxation.

If an employee falls ill or is injured whilst on annual leave and this results in them not being able to use their annual leave for rest and relaxation, the Commission will allow the employee to transfer the annual leave days to sickness absence. This only applies to the days that the employee is affected by the illness or injury. The employee may apply to take replacement annual leave at a later date.

If an employee is ill or is injured before the start of a period of annual leave, and is consequently unable to take the annual leave, the Commission may agree that the employee can postpone their annual leave to another mutually agreed time. Any annual leave dates must be approved by the employee's line manager in advance.

In these instances, employees may be required to provide a GP certificate or other medical evidence, at their own expense. The Commission's standard policies and procedures on sickness absence, pay and reporting an absence apply.

Public and privilege days

During a nil pay period as a result of sick leave, staff will be entitled to credit for the public and privilege days that fall during the nil pay period, which will be added to their annual leave entitlement. Where staff are paid at half pay, they will be entitled to credit for half of each public and privilege day that falls during the half pay period, which will be added to their annual leave entitlement.

In both cases, for Full Time Staff and those Part Time Staff who normally credit specific days they would ordinarily be due to work, this will be applicable only for where public and privilege days fall on days they would ordinarily be due to work.

Part time members of staff who normally receive a pro-rata credit for all public and privilege days will receive half their pro-rata credit for each public and privilege day that falls during the half pay period and the full pro-rata credit for each public and privilege day that falls during the nil pay period. The hours will be added to their annual leave entitlement.

This does not apply to Night Shift Security Officers as their public and privilege entitlement is already incorporated in their annual leave entitlement.

Annex C - Report from an employee's medical practitioner

A request for a report from an employee's medical practitioner may be made at any point of the absence, e.g. if there is specialist advice required on treatment or diagnosis, or if the absence becomes long term, or if the sickness is progressing through formal routes. Confidentiality will be maintained at all times as appropriate to the need for the various parties to be informed.

Where a report from the employee's medical practitioner is necessary, the employee will be fully informed of their rights under the Access to Medical Reports Act 1988 by HR and their permission will be sought for the report to be obtained. The relevant permission consent form is available from **Employee Services**.

The employee has the right to access the medical practitioner's report before the Commission sees it. If the employee wishes to see the report, they should inform the Commission of this, so that it can inform the medical practitioner. The employee will then have 21 days from the date of making the application for the report to contact the medical practitioner to see the report. If the employee does not contact the medical practitioner within this timeframe, the medical practitioner can pass the report on to the Commission.

When requesting a report, the Commission will provide the medical practitioner with as much information as possible on the role of the employee and explain why the report is being sought. The Commission will provide the medical practitioner with:

- a copy of the employee's signed form consenting to the request to seek a medical report;
- confirmation that the employee is aware of their rights under the Access to Medical Reports Act 1988; and
- details of the major features of the employee's job.

The Commission may ask the medical practitioner to identify:

- the nature of the employee's illness or injury;
- when the employee is likely to be fully fit to resume their normal duties;
- if the employee is unfit to resume their normal duties, what alternative duties they might be fit to undertake;
- when the employee is likely to be fit to undertake any alternative duties;

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- what reasonable adjustments could be made to working conditions or work premises to facilitate a return to work; and
- the likelihood of recurrence of the illness or injury once the employee has returned to work.

Where the employee refuses permission for the Commission to contact their medical practitioner, the Commission will explain to the employee the reasons behind the request and inform the employee that a decision relating to their employment may be made without the benefit of access to medical reports. The same procedure will be followed where the employee delays in giving their consent.

Where the employee feels that the report is misleading or incorrect, they may ask the medical practitioner to amend it. If the medical practitioner does not agree with the employee and does not alter the report, the employee may attach a statement to the report to reflect their views.

Alternatively, having seen the report, the employee may request that access to the report be withheld from the Commission. The employee will be informed that a decision relating to their employment may be made without the benefit of access to medical reports.