

POLICY**Sickness Management**

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1 Statement of Intent

- 1.1 The purpose of this policy is to provide guidance and information on sickness management for police staff and police officers.
- 1.2 Norfolk and Suffolk Constabularies are committed to ensuring this policy complies with relevant legislation and general principles of fairness, and that consultation has been undertaken with all relevant staff groups.

- 1.3 This policy will apply equally to all officers and staff regardless of their race, ethnic origin, colour, nationality, gender, sexual orientation, religion or belief, marital or family status, trade union or staff association or support group activity, disability, age or any other factor which cannot be justified.

2 Sickness absence

- 2.1 If an individual is unable to remain at work due to being unwell, and leaves during the first half of their shift, this will be recorded as sickness absence. If the individual leaves work during the second half of their shift, this will not be recorded as sickness absence, although such absences will be monitored by line management to prevent abuse. Any abuse of this provision will be treated as a disciplinary matter. Further information on leaving part way through a working day is shown in [Appendix A: Managing a period of sickness](#).
- 2.2 Whilst all kinds of absence are recorded, sickness absence relating to pregnancy or a disability must be highlighted as such on the HR system. Further details about disability-related sickness and managing an individual who has a disability is contained within the Disability Management Protocol.
- 2.3 Line managers have a specific responsibility for managing the sickness of the staff and officers who report to them - full details are shown in [Appendix A: Managing a period of sickness](#).

3 Categories of sickness absence

- 3.1 There are three categories which sickness absences are recorded as. These are:
- **Short-term absence:** up to and including 7 consecutive calendar days, these types of absences are usually self-certified.
 - **Medium term absence:** between 8 and 27 calendar days inclusive, these types of absences are medically certified.
 - **Long term absence:** any consecutive period of sickness absence lasting 28 calendar days or more will be deemed as long-term absence, these types of absence are medically certified.

4 Unsatisfactory levels of sickness absence

- 4.1 Unacceptable levels of sickness absence will be treated as a capability issue and managed accordingly. Where sickness levels do not improve to satisfactory levels this may result in the individual being dismissed or retiring on ill health, depending on the circumstances of the case. Full details are shown in [Appendix B: Managing unsatisfactory levels of attendance](#).
- 4.2 In order to effectively and consistently manage attendance, the following trigger points will be used to determine unacceptable levels of sickness absence:
- 3 absences within 6 calendar months; OR
 - 4 absences within 12 calendar months; OR

- Cumulative absence(s) totalling 4 weeks (28 days) within 12 calendar months (pro rata for part time officers/staff); OR
 - A single absence period that lasts (or is expected to last) 28 calendar days or longer (pro rata for part time officers/staff).
- 4.3 In addition to the above, any sickness absence that gives specific cause for concern, for example a pattern of sickness absence involving at least three occasions of sickness i.e. Fridays or Mondays, part day absence, day preceding rest day, coinciding with partner/family member's time off, similar period annually etc. may result in action being taken.
- 4.4 These triggers will also be used to determine whether an individual's attendance record is acceptable for the purposes of internal recruitment, promotion, career breaks, etc – see [Appendix C: Attendance criteria for selection](#).

5 Reasonable adjustments

- 5.1 The general provisions in this policy are subject to reasonable adjustments required for disabled people, and subject to the particular approach required for those who are pregnant or absent for maternity related reasons.

6 Documents supporting this policy

- 6.1 This policy is supported by the following documents, which form part of the Sickness Management policy and must **not** be treated as optional guidance:

Appendix A: Managing a period of sickness, covering:

- *Notification of sickness absence*
- *Contact during sickness absence*
- *Medical Certificates*
- *Returning to work, including Return to work interviews, Recuperative duties, and Restricted duties.*
- *Redeployment on medical grounds*
- *Referral to Occupational Health*

Appendix B: Managing unsatisfactory levels of attendance, covering:

- *Awareness and early intervention*
- *Monitoring absence*
- *Trigger points for action*
- *Informal attendance management procedures, including Attendance Support Meetings*
- *Formal attendance management procedures*
- *Ill health retirement procedures*

Appendix C: Attendance criteria for selection, covering:

- *Attendance criteria*
- *Considerations and Exceptions*
- *Appeals*

Appendix D: Sick pay, covering:

- *Sick pay entitlements, including Occupational sick pay and Statutory sick pay*
- *Payment of allowances during sickness absence*
- *Payment of pension contributions during sickness absence*
- *Exercising discretion to extend occupational sick pay entitlement*
- *Taking annual leave during a period of sickness*
- *Carrying over annual leave due to sickness absence*

Capability Procedure (available early 2012)

7 Roles and Responsibilities

Individuals

7.1 Individuals have a duty to:

- Keep themselves fit and healthy and keep their absence to a minimum;
- Support management initiatives taken on their behalf;
- Report absence in accordance with local arrangements;
- Return to work from sickness absence as early as possible;
- Remain contactable during absence and keep in contact with managers;
- Inform managers of changes in circumstances;
- Notify their line manager and relevant department of return to work details;
- Declare or report details of any medical conditions which may affect their employment, whether of a temporary or permanent nature;
- Present any required medical evidence and advise of any condition which may affect their eligibility for benefits;
- Inform their supervisors of any other problem not related to ill health which may make their attendance difficult in order that other alternative forms of leave may be considered, and seek early assistance from their line manager, HR, staff association or union regarding the various services that may be available to them.

7.2 Failure to comply with these provisions may be treated as unsatisfactory performance and/or a breach of discipline.

Line Managers

7.3 Line managers are responsible for:

- The day-to-day management and welfare of their staff;
- Dealing with short term sickness absence, and working with HR on long term sickness absence:
 - Maintaining contact during absence;

- Conducting thorough and timely return to work interviews after every return;
 - Monitoring attendance, including the accurate management of information;
 - Providing support and assistance;
 - Addressing poor attendance in line with procedures (Suffolk managers are required to update Origin after each contact during absence and following the return to work interview).
- Promoting the health and safety of their staff, ensuring this is reflected in day-to-day working practices;
 - Recognising good attendance;
 - Ensuring that staff are aware of this policy, the standards required and the procedures to be adopted, as well as of the Occupational Health Services available to them.

HR Department

7.4 Human Resources are responsible for:

- Ensuring that support and organisational procedures are followed and managers are supported in the execution of their responsibilities;
- Monitoring absence and providing management information;
- Assisting in the management of long term absence on a case management basis;
- Ensuring that where it becomes known that an individual is disabled under the Equality Act 2010 that this information is recorded on the HR system.

7.5 Responsibility for Force wide monitoring and ensuring compliance with the provisions of the policy and procedures rests with the Head of HR.

7.6 Responsibility for the maintenance of the provisions of the policy and amendment in line with Force objectives rests with the Director of Human Resources.

Occupational Health

7.7 It is the responsibility of Occupational Health to support the aims of this policy by providing advice and support to individuals and management in fulfilling their responsibilities. OH will proactively intervene in the process of reducing levels of absenteeism by developing support frameworks including diagnostic procedures and treatments.



SUPPORTING DOCUMENT TO SICKNESS MANAGEMENT FPD

Appendix A: Managing a period of sickness

INDEX

Notification of sickness absence

Contact during sickness absence

Medical certificates

Returning to work

Return to work Interviews

Recuperative duties

Restricted duties

Redeployment on medical grounds

Referral to Occupational Health

1 Notification of sickness absence

- 1.1 Individuals who are unable to report for work due to being unwell must notify the organisation in line with local procedures:

Suffolk officers and staff should contact the 24-hour Sickness Hotline on 01473 613501

Norfolk officers and staff should contact their line manager directly (RMU or other designated person in their absence) – email or text messaging is not appropriate – and the line manager will complete an Enact form.

- 1.2 Whenever possible, notification should be given at least one hour prior to the start of the individual's shift.

Leaving part way through a working day

- 1.3 Unless it is not practicable, an individual should not leave work during their shift without notifying their line manager (if their line manager is not available they should notify an appropriate alternative manager).

- 1.4 If an individual goes home during the first half of their shift due to illness or injury, this will be classed as sickness absence and it must be reported in line with the above local procedures. If the individual goes home during the second half of their shift, this will not be classed as sickness absence. In these circumstances the individual will not be required to make up any hours lost, and manual and electronic working time records will be adjusted accordingly.

Returning to work

- 1.5 If an individual commences a period of annual leave immediately after a period of sickness, they should notify the organisation (via the usual sickness reporting procedures) straightaway to ensure the period of sickness absence is recorded as closed.
- 1.6 Suffolk staff and officers only: on return to work following a period of sickness individuals must access the Origin self service system on the Suffolk Constabulary network and complete the open sickness record. Attention should be given to recording the actual last day of sickness, which may not necessarily be the day immediately preceding the day of return to work.
- 1.7 Norfolk staff and officers only: on return to work following a period of sickness, individuals should update the Enact form which has been emailed to them, nominating the name of their line manager (second line manager if not available) who will complete the rest of the form including notes from the return to work discussions.

2 Contact during sickness absence

- 2.1 Managers should maintain a written record of all contact with staff on sickness absence.

Initial contact

- 2.2 Unless the individual has already been in contact with him/her, the line manager will make contact with the individual – normally by telephone – within 48 hours of them reporting sick. If it has not already been established, the line manager will seek to confirm the following information:
- the nature of the sickness;
 - the likely length of the absence;
 - whether the absence is the result of an injury received in the course of duty;
 - whether the absence is related to a disability or pregnancy;
 - whether the individual has adequate support;
 - whether any aid is required at this stage (see [Occupational Health referral](#));
 - any outstanding work commitments which may require attention;
 - arrangements for future contact if the absence is likely to persist.
- 2.3 Initial contact will only involve an unplanned home visit where the line manager has been unable to contact the individual by phone **and** has concerns for the individual's welfare.

Ongoing contact

- 2.4 Where the expected duration of the sickness absence is unknown, the individual should contact the line manager every 2 to 3 days to apprise them of progress.
- 2.5 For medium and long term sickness absence, the manner and frequency of ongoing contact needs to be appropriate to the individual and the circumstances. Contact should not be intrusive however it is essential that regular communication is maintained. Where possible, ongoing contact should be at an agreed time and day. The line manager should update the HR Advisor after each contact (Suffolk managers are also required to update Origin after each contact).
- 2.6 The main aim of the ongoing contact (telephone calls and home visits) is to check on the individual's wellbeing and the outcome of any medical appointments, update them on work events, and discuss - when appropriate - the prognosis for a return to work, including the use of recuperative duties. Under no circumstances should this contact be used as an opportunity to pressurise an unfit individual to return to work against medical advice.
- 2.7 Where an individual does not want to be contacted by their line manager, this should be respected as far as possible however there is no right to sever all links with the force. Where such cases do occur the matter should be dealt with at senior management level, with appropriate welfare and occupational health advice.

Home visits

- 2.8 A home visit by the line manager will usually be arranged after 7 continuous days of sickness absence, although there may be circumstances where an earlier visit is appropriate.
- 2.9 Unless there are exceptional circumstances, the individual should be contacted by telephone in advance to arrange a home visit, rather than an 'unplanned' visit taking place.
- 2.10 Police managers should ensure uniforms are covered and unmarked vehicles used where possible, otherwise a marked police car should be parked at a distance from the individual's home. Individuals may prefer to meet away from their home – at work or at a neutral location - and this should be accommodated where possible.
- 2.11 Where the individual's condition is contagious, the line manager should consider the appropriateness of contact via telephone rather than a home visit until the period of contagion has passed.
- 2.12 If an individual is not residing at home during sickness absence, they should notify their line manager immediately of the relevant contact details (e.g. address, telephone number etc).
- 2.13 Individuals should not actively undertake any form of work in secondary employment whilst off sick. If a GP recommends any form of therapeutic work, this should be discussed with line managers and HR Advisors, who will endeavour to make this available and may form part of a recuperative plan.

3 Medical certificates

- 3.1 If a period of absence is covered by a medical certificate, this should be forwarded according to local procedures to the HR department at the earliest opportunity. HR should be contacted by the individual upon the date of expiry or renewal of each certificate.

4 Returning to work

- 4.1 For those on medium or long term sickness absence, at an appropriate stage the options for a return to work should be explored and discussed with the individual to enable them to seek advice from their GP or consultant or be referred to the Force Medical Advisor (FMA) for a return to work programme if appropriate.

a) Return to work interviews

- 4.2 The return to work interview is mandatory and should be held immediately on the day of returning to work (or within 72 hours if this is not possible) following any period of absence.
- 4.3 The interview is the personal responsibility of and must be carried out by the line manager in private. Where the line manager is absent, the interview should be undertaken by the second line manager, who will brief the line manager on the outcome on their return.

- 4.4 The format and content of the return to work interview will vary according to the duration and nature of the sickness absence: an individual who has taken one day's sickness with no other absence within the rolling year will not require a lengthy discussion unless it is obvious that there is a real problem, however an individual returning from long term sickness absence would require a more detailed discussion.
- 4.5 Before the interview, the line manager should collate and review relevant information to include, where appropriate:
- any issues with the way in which the sickness was reported;
 - notes on contact during sickness;
 - previous return to work interview notes;
 - attendance support meeting notes;
 - the individual's absence record for the past 12 months;
 - Occupational Health reports;
 - recuperative duties programme;
 - if not already established, whether the individual's condition may be a disability under the Equality Act (see Disability Management Protocol).
- 4.6 The following issues will be covered during all return to work interviews:
- ensure that the individual is fit to return to work - if there is any doubt that the individual has returned too soon, whilst under medical certification or because they feel a duty to return, then the line manager can ask the individual to provide evidence from their doctor confirming they are fit.
 - express an interest in the individual's welfare.
 - if not already established, sensitively explore the reasons for the absence.
 - give the individual an opportunity to discuss any health, personal or work related problems.
 - brief them on how their workload was managed in their absence and update them on anything important they have missed.
 - if the individual's sickness record is causing concern by approaching formal sickness triggers, or if a pattern appears to be emerging, ensure they are aware of the attendance triggers and the implications of continued unsatisfactory sickness levels.
- 4.7 Where the individual has met a sickness trigger as a result of the period of sickness absence, an Attendance Support Meeting will be held in addition to the return to work interview.
- 4.8 Depending on the circumstances of the sickness absence, the following issues may also be covered, where appropriate:
- planned recuperative duties programme;

- latest available medical advice;
- if the absence was work related, ensure that any necessary steps are taken to prevent a recurrence;
- if the individual's condition is or may be a disability, whether any reasonable adjustments are required.

4.9 The line manager should take notes during the return to work interview of discussions and any actions that arise. Suffolk managers must ensure that details of the interview are recorded on Origin.

b) Recuperative duties

4.10 Recuperative duties involve a staged return to work from a period of sickness absence (usually long term) allowing an individual to return gradually to full time duties. The programme can involve a reduction in working hours, amended working pattern, and/or less physically or mentally demanding activities. The use of recuperative duties is subject to management discretion, operational resilience, medical evidence/advice and the merits of the individual's case.

4.11 An appropriate recuperative duties programme will be put together in conjunction with Occupational Health, the individual and the line manager (this function may at times be fulfilled by the HR Advisor).

4.12 If hours are reduced during the recuperation programme, these should gradually increase over a fairly fixed period of time, leading to normal working hours by the end of the programme. Hours during recuperative duties will usually be a minimum of 20 hours per week for full time workers, and individuals who normally work part time will work their normal hours if these are less than 20 hours – exceptions to this will be considered based on the individual's working pattern.

4.13 The total duration of the programme will be no more than 8 weeks with a possible extension to a maximum of 12 weeks – any further extension should be in exceptional circumstances and will require the authorisation of the Director of Human Resources.

4.14 During recuperative duties an individual will continue to receive their normal salary. For police staff, however, if the staged return is protracted, there may be agreement to the continuation of reduced hours, with the appropriate reduction of salary on a pro rata basis.

4.15 Where the individual's current place of work does not offer a suitable opportunity for recuperative duties, an alternative place of work may be considered

4.16 If at the end of the recuperative duties period the individual is still not in a position to return to full duties the line manager should consult their HR Advisor to consider the following options:

- move to a restricted duties post (officers only);

- deployment to a suitable alternative post if the necessary adjustments in the current post are not achievable;
- flexible working as a permanent measure with appropriate adjustments to pay and any associated allowances/entitlements;
- the use of formal sickness management procedures.

4.17 The **Disability Management Protocol** should be consulted for cases where the individual may be disabled under the Equality Act 2010.

c) Restricted duties

4.18 Restricted duties apply to police officers only and are normally considered to be permanent or longer term than recuperative duties and the transition back to full working is less sure (except for those on restricted duties for pregnancy or maternity related reasons).

4.19 An officer will remain on restricted duty for a maximum period of 12 months. If the officer remains on restricted duties after 12 months, they will be considered as permanent or long-term restricted.

4.20 The HR Department will keep records of all officers on restricted duties.

4.21 The FMA will indicate what type of restrictions might be applied, the capabilities of the officer and the types of duty they may be fit to perform. In consultation it will be determined whether the current role can be performed with a reasonable adjustment. If reasonable adjustments can be made to the current post, this will be done as soon as possible. Please consult the **Disability Management Protocol** for full details.

4.22 Female police personnel who, because of pregnancy or maternity related reasons, are unable, for a limited period, to fulfil a full operational task will be placed on restricted duties.

5 Redeployment on medical grounds

5.1 Redeployment may be required where an officer on restricted duties is unable to remain in their current post, and also where an individual requires permanent redeployment into another post on medical advice due to a disability as defined in the Equality Act 2010.

5.2 For police officers with a disability, consideration may be given to permanent redeployment into a suitable established police staff role as well as to established police officer roles as a reasonable adjustment under the Act.

5.3 For police staff, redeployment must be considered as an alternative to ill-health retirement or termination of employment, both to retain experience and skills and also to ensure that the manager is acting pro-actively and reasonably in the circumstances.

5.4 Individuals will be redeployed in accordance with the Deployment FPD.

6 Referral to Occupational Health and medical records

6.1 Managers must complete the appropriate form to refer an individual to Occupational Health in the following circumstances:

- **Long term sickness absence:** If the individual has been off sick for a consecutive period of 28 days, the line manager must refer the individual to Occupational Health.
- **Stress/anxiety/depression:** Referral must be made either on the first day of sickness for such a condition or at the time the line manager first becomes aware of the condition, whichever is sooner. If the line manager believes the individual has such a condition, they should hold an urgent meeting with the individual to discuss the matter further and make a referral if their belief is confirmed. Early intervention is essential to mitigate long term sickness.
- **Serious musculo-skeletal conditions:** This is defined as a significant back or major joint injury, and includes both work and non-work related conditions. If the line manager is unsure of whether the condition is 'significant', they should contact Occupational Health for further advice directly prior to completing the referral form.

6.2 Where an individual has withheld their consent to disclose information to the organisation, Occupational Health should notify HR of this.



SUPPORTING DOCUMENT TO SICKNESS MANAGEMENT FPD

Appendix B: Managing unsatisfactory levels of attendance

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Awareness and early intervention

Monitoring Absence

Trigger points for action

Informal attendance management procedures

Attendance Support Meetings

Formal attendance management procedures

Ill health retirement procedures

1 Awareness and early intervention

- 1.1 Line managers should be aware of the types of issues that may affect attendance and should remain vigilant to early signs of any difficulties/problems. Addressing the issues early and discussing the matter with the individual can sometimes prevent the problems occurring, or can at least provide better means and options to manage it. They should also encourage staff to seek assistance from the various services available either internally or externally e.g. Human Resources, Occupational Health, Support Groups, GPs, Police Federation, Unison, etc.
- 1.2 Line managers will liaise with HR Advisors in order to ensure the prompt and fair instigation of action under the [Sickness Management policy](#).

2 Monitoring absence

- 2.1 It is the responsibility of line managers, consulting the Force's HR staff as necessary, to monitor an individual's attendance record.
- 2.2 District/Departmental Command teams will ensure that sickness levels within their area of responsibility are discussed at Command Team meetings, as a standing item at monthly intervals and decide on future action to be taken in respect of individual cases. Managers are reminded of the need for confidentiality when discussing individual sickness cases in open forums, and must ensure that any discussions are relevant for operational effectiveness.

3 Sickness trigger points for action

- 3.1 There is no accepted level of sickness absence, although it is recognised that most people will occasionally be unable to attend work due to illness or injury.
- 3.2 Triggers help to identify when attendance problems exist, facilitate action at the earliest opportunity to help resolve them and establish whether formal action is appropriate.
- 3.3 The following trigger points will be used to determine unacceptable levels of sickness absence:
 - 3 absences within 6 calendar months; OR
 - 4 absences within 12 calendar months; OR
 - Cumulative absence(s) totalling 4 weeks (28 days) within 12 calendar months (pro rata for part time officers/staff); OR
 - A single absence period that lasts (or is expected to last) longer than 28 calendar days.
- 3.4 In addition to the above, any sickness absence that gives specific cause for concern, for example a pattern of sickness absence involving at least three occasions of sickness i.e. Fridays or Mondays, part day absence, day preceding rest day, coinciding with partner/family member's time off, similar period annually etc. may result in action being taken.

- 3.5 All individuals reaching a trigger point will be required to attend a mandatory Attendance Support Meeting. This is to ensure early intervention to resolve problems and to ensure a consistent approach across the Force.
- 3.6 On the basis of all available evidence and where there are no mitigating circumstances, if an individual reaches a trigger point they may be restricted access to a number of activities, e.g. promotion, secondments etc (see [Appendix C: Attendance criteria for selection](#)). Line managers should seek advice from HR if unsure about exercising these restrictions.
- 3.7 Line managers must also ensure that their staff are aware of the triggers.

4 Informal attendance management procedures (management action)

- 4.1 Proper consideration and provision of management action is a fundamental requirement of absence management, and it can have a major impact on successfully bringing attendance to a satisfactory level without the need for formal action. Managers should liaise with HR throughout the informal procedures.
- 4.2 The management action appropriate for each case must be considered from the outset of (and throughout) the absence, taking into account the different circumstances of the case, for example:
- The nature of the sickness absence (frequent short term absences, long term absence, etc.);
 - The underlying medical condition(s) and the likelihood of an improvement in health and attendance;
 - Availability of suitable alternative work;
 - Effect of past and likely future absences on the organisation;
 - Whether the absence is or may be related to a disability and, if so, whether absence can be mitigated by making reasonable adjustments;
 - Whether the absence is pregnancy-related.
- 4.3 In addition to attendance support meetings, appropriate actions under informal attendance management may include:
- Referral to Occupational Health;
 - Removal of self certification;
 - Counselling;
 - Medical intervention;
 - Resolution of workplace difficulties at the root of the problem;
 - Purchase of equipment;
 - Adjustment to working environment and conditions;
 - Change in supervisory method.

- 4.4 If no appropriate actions can be identified or they are not reasonable/feasible, this information must be documented. Managers and others involved in the case must make an accurate written record of all discussions and actions including any updates during monitoring/reviews.
- 4.5 The purpose of management action is to improve an individual's attendance, however, where attendance does not improve, evidence of management action will be a precursor to any subsequent use of formal attendance procedures and failure to manage cases appropriately will inhibit their satisfactory resolution.

Attendance Support Meetings (ASM's)

- 4.6 If an individual hits one of the sickness triggers, they will be requested by their immediate line manager/supervisor to attend an initial ASM.
- 4.7 The aim of the ASM is to:
- advise that the level of absence is excessive, supported by factual examples;
 - establish the standard of work/attendance required;
 - identify whether there are any underlying health problems;
 - identify whether there are any problems at home or work;
 - provide appropriate support to improve attendance, e.g. medical referrals, supportive measures, reasonable adjustments etc;
 - set targets for sickness absence over a 3-6 month period (targets should be reasonable and must consider an individual's medical condition(s));
 - confirm that the situation will be closely monitored and improvements looked for over an appropriate review period, and that **if the required attendance levels are not achieved formal action will be taken** - in certain circumstances, where health problems show a pattern of improvement and then deterioration, monitoring will remain in place until such time as agreed between the line manager and the individual for its removal.
- 4.8 At an initial ASM, there would not usually be an HR Advisor present, however, individuals should be offered the facility to be accompanied by a colleague, friend, union or staff association representative (meetings may be postponed within reason if representation is not available on the given date). Despite the informality of the meeting, notes of the content of this and any subsequent meetings and any agreements reached should be recorded on the individual's sickness file – proformas are available from the HR department.
- 4.9 The line manager must gather relevant information on the individual's attendance prior to the meeting, which would normally include:
- the number of days lost and the number of separate incidents;
 - patterns of absence;

- reasons for absence to determine if there is a common theme or underlying cause (it may be that the reasons are substantive and therefore it is inappropriate for them to be seen at an early stage);
- whether the individual was made aware, in earlier supportive action such as a return to work interview, that improvement is required;
- whether there is any relation between self-certified absence and that supported by a medical certificate;
- whether there is any link between the absences and the individual's duties and/or working environment.

4.10 The tone and the content of an ASM will, for example, be different for an individual who is returning from a seven week absence relating to recovery from an operation than that for an individual who has had three periods of unrelated sickness absence in a short period of time.

4.11 An ASM may be delayed when medical treatment or development is impending, e.g. an appointment with the FMA, the start of treatment, some remedial surgery etc, until further information is available.

4.12 Following the ASM and at each stage of informal and formal action the line manager will set up periodic reviews for the individual during which they are required to improve to meet the required level of attendance. A regular Attendance Review Meeting will be held with the individual to monitor and discuss progress against their target.

4.13 If during the course of the meeting issues are raised which require the involvement of Occupational Health, a referral should be made with the guidance of the HR Advisor.

4.14 If an individual is on long term sickness absence, ASM's will be held during the period of absence as deemed appropriate by the HR Advisor. These meetings can be held either at work or at the individual's home, if this is considered appropriate, and should be considered separately to the regular ongoing contact by the line manager.

5 Formal attendance management procedures

5.1 If action arising from management action has failed to bring about the necessary improvement in an individual's attendance, the line manager - after carefully considering all the circumstances of the case and liaising with the HR Advisor - may progress to formal action. Prior to instigating formal attendance management procedures it should always be considered whether or not it would be appropriate to refer the individual for formal consideration of [Ill health retirement](#).

5.2 It should be remembered that in managing attendance it is not appropriate to differentiate between absences that are self-certificated and those supported by a doctor's certificate. There may also be an assumption that where an individual says they are unable to come to work, their illness is genuine. If the illness is not genuine, then the person may be committing a disciplinary offence.

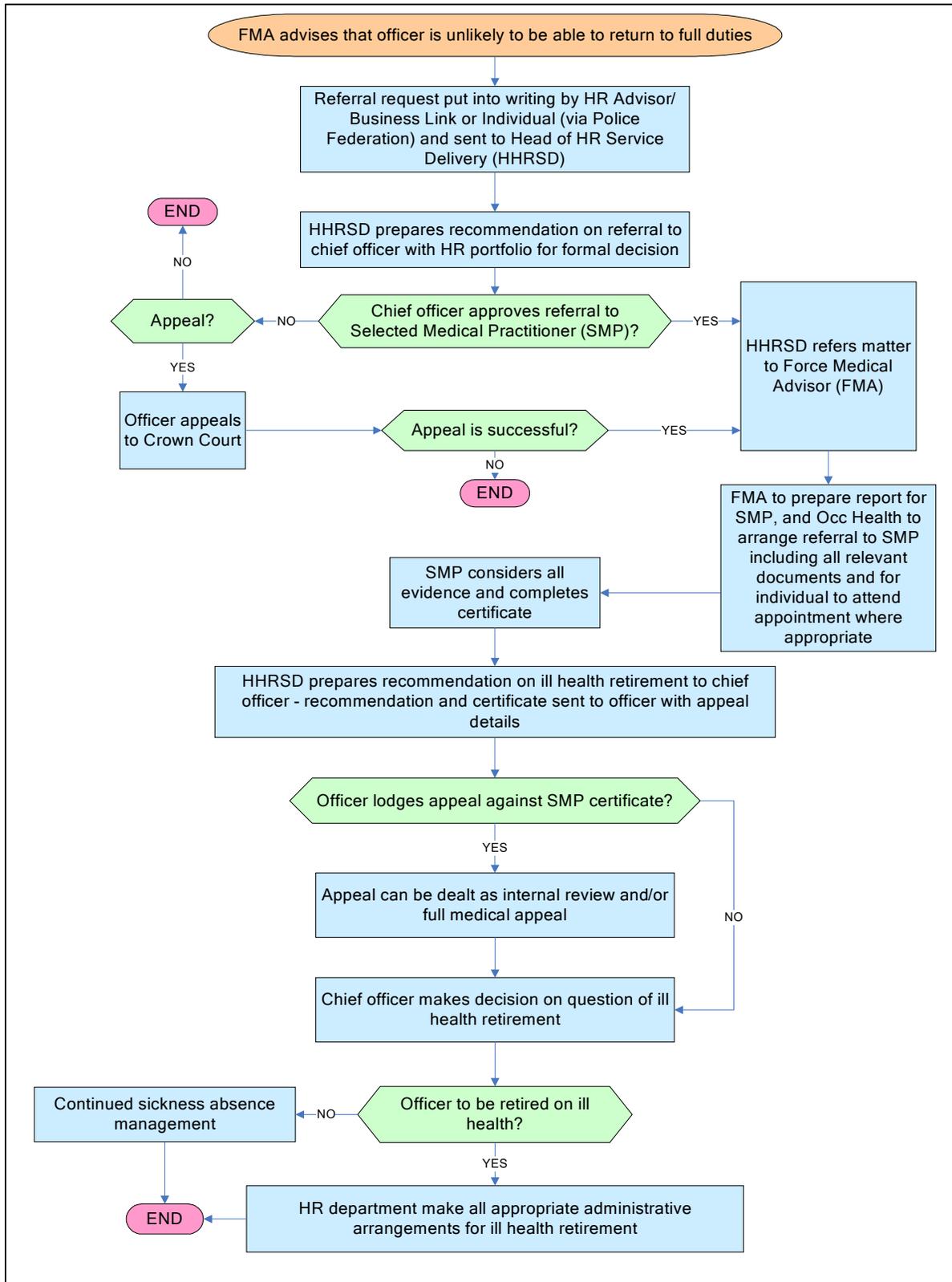
Attendance criteria does not relate to the genuineness of absences but to the reliability and the availability of people to work.

- 5.3 The formal attendance management procedure for police officers is provided in the Unsatisfactory Performance Procedure for Police Officers FDP/Procedure (available from each Constabulary's intranet sites). For police staff, the procedure is covered in the Capability Procedure (to be published early 2012).
- 5.4 If formal action fails to improve attendance to the required level, the individual may ultimately be dismissed from the organisation.

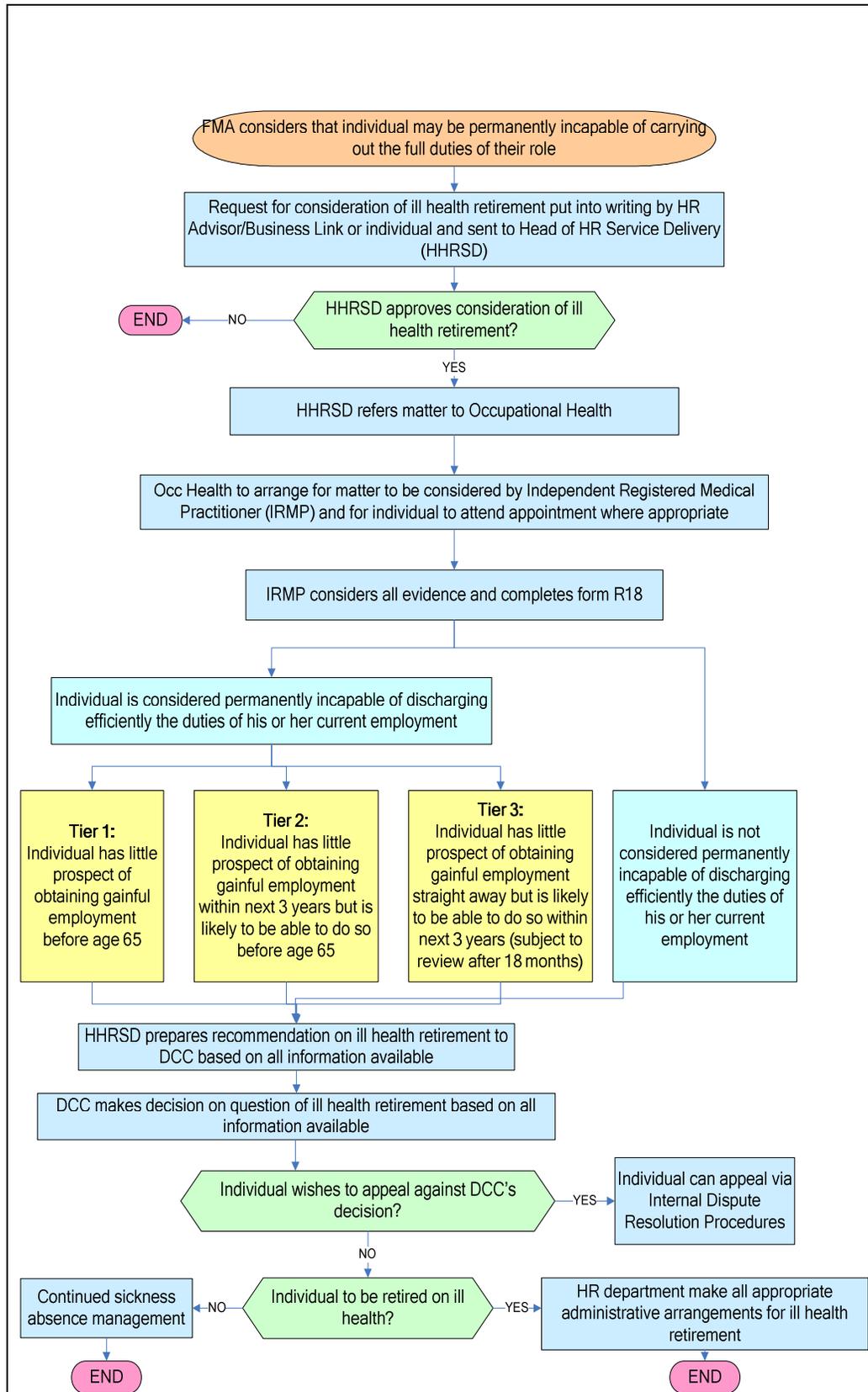
6 Ill health retirement procedures

- 6.1 Officers who are determined by a suitably qualified medical practitioner to be permanently disabled from the role of a police officer may be retired on the grounds of ill health in accordance with Police Pensions Regulations. The procedure for considering permanent disablement and the question of ill health retirement is summarised at [Flowchart 1](#).
- 6.2 Police staff who are determined by a suitably qualified medical practitioner to be permanently incapable of discharging efficiently the duties of his/her current employment may be retired on the grounds of ill health in accordance with the Local Government Pension Scheme Regulations. The procedure for considering whether an individual is permanently incapable is summarised at [Flowchart 2](#).

7 Flowchart 1 – Consideration of ill health retirement for police officers



8 Flowchart 2 – Consideration of ill health retirement for police staff





SUPPORTING DOCUMENT TO SICKNESS MANAGEMENT FPD

Appendix C: Attendance criteria for selection

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Attendance Criteria

Considerations and Exceptions

Appeals

1 Attendance Criteria

- 1.1 Attendance criteria does not relate to the genuineness of absences but to the reliability and the availability of people to work. There is an expectation that staff and officers will attend work and this is the basis on which individuals will be recruited, retained, selected and promoted. An individual's attendance record will be considered, and is likely to affect any applications for:
- Initial recruitment;
 - Career progression;
 - Internal transfers/secondments;
 - External transfers/secondments;
 - Internal promotions;
 - Non mandatory training courses;
 - Extensions of service;
 - Confirmation in probationary periods;
 - Career breaks;
 - Business interests (both new and review of existing which may impact on attendance).
- 1.2 To be eligible for consideration for selection for the above activities, an individual must not be subject to formal action for unsatisfactory attendance or meet the following triggers for sickness absence:
- 3 absences within 6 calendar months; OR
 - 4 absences within 12 calendar months; OR
 - Cumulative absence(s) totalling 4 weeks (28 days) within 12 calendar months (pro rata for part time officers/staff); OR
 - A single absence period that lasts 28 calendar days or longer (pro rata for part time officers/staff).
- 1.3 The absence periods for part time officers/staff will reflect the hours that they work compared to full time officers/staff, e.g. an officer working 50% (20 hours) of a full time officer's hours will have a sickness trigger of 50% of the 28 day limit, reflected in hours.
- 1.4 If the last 12 months is not representative of the individual's normal attendance record the previous 3 years will be considered and if the attendance meets the criteria for these three years the request/application will be progressed.
- 1.5 In either case, the individual's absence record should not display a pattern of absence or single significant period of absence, which may cause the manager to feel unable to depend on their regular attendance for work.

2 Considerations and Exceptions

- 2.1 In assessing whether an individual meets the attendance criteria, consideration must be given to the following:
- Pregnancy related illnesses;
 - Reasonable adjustments for absences directly related to a disability under the Equality Act 2010;
 - Injury caused as a result of execution of duty;
 - Staff subject to redeployment.
- 2.2 Where the individual is a member of police staff being put forward as a preferential candidate for an internal vacancy due to being at risk of redundancy, attendance criteria will **not** apply, unless the individual is in competition with other 'at risk' individuals for that post.
- 2.3 It is recognised that some exclusions to the strict application of the numerical criteria may be necessary and each case should be treated separately. Where an individual does not meet the set numerical criteria it is the responsibility of the Head of Department to consider the attendance record and make an assessment on the reliability of the individual to attend work. This will involve the identification of any pattern of sickness absence, or whether a single period of absence has led to de-selection. It is appropriate, for example to take account of any recent significant periods of continuous attendance (which must be over a period of 12 months) when assessing reliability to work.

3 Appeals

- 3.1 If an individual wishes to appeal against attendance criteria for selection being applied to their case, they should write to the Head of HR including full details as to why they wish to appeal the decision.
- 3.2 The individual should appeal against any decision within 7 days of receiving notification. The appeal should be considered by the Head of HR within 14 days of receipt of the appeal. The outcome will be notified to the individual in writing.



SUPPORTING DOCUMENT TO SICKNESS MANAGEMENT FPD

Appendix D: Sick pay

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Occupational sick pay

Statutory sick pay

Payment of allowances during sickness absence

Payment of pension contributions during sickness absence

Exercising discretion to extend occupational sick pay entitlement

Taking Annual leave during a period of sickness

Carrying over annual leave due to sickness

1 Occupational sick pay (OSP)

- 1.1 Occupational sick pay (OSP) will be paid for every day of sickness absence. OSP entitlements are shown in months with the actual aggregated days' pay indicated in brackets.

Police officers

- 1.2 All officers' OSP entitlement will be determined in accordance with Police Regulations. It will be calculated in respect of each absence with reference to the preceding period of 12 months, allowing a maximum of 6 months (183 days) at full rate followed by 6 months (183 days) at half rate before going into nil pay.

Police staff

- 1.3 An employee's OSP entitlement will be determined in accordance with the Police Staff Conditions of Service, taking into account the individual's length of continuous service on the first day of calculations and any OSP entitlement already granted in the preceding 12 months.
- 1.4 The following entitlement is based on the PSC handbook. Pay in months is aggregated to days' pay as indicated in brackets:
- During the 1st year of service – 1 month (30 days') full pay and (after completing 4 months' service) 2 months' (61 days') half pay.
 - During the 2nd year of service – 2 months' (61 days') full pay followed by 2 months' (61 days') half pay.
 - During the 3rd year of service – 4 months' (122 days') full pay followed by 4 months' (122 days') half pay.
 - During the 4th and 5th year of service – 5 months' (153 days') full pay followed by 5 months' (153 days') half pay.
 - During any subsequent year – 6 months (183 days') full pay followed by 6 months' (183 days') half pay.
- 1.5 Continuous service will include continuous previous employment with a police authority, Scottish Joint Board or NCS, NCIS, NPIA (or predecessor/successor), PSNI (or predecessor), and non Home Office forces, also the Metropolitan Police Service.

Special constables

- 1.6 Special constables who incur lost remuneration from their regular employment, because of a temporary injury or disease contracted whilst on duty or when travelling to or returning home from duty, through no fault of their own will be entitled to reimbursement in line with NPIA Circular 04/10.

2 Statutory sick pay (SSP)

- 2.1 The Financial Services Department is responsible for the payment of Statutory Sick Pay (SSP) through the normal payroll arrangements. When an individual is not entitled to SSP, or when the organisation's responsibility to pay SSP has expired, Financial Services will issue the individual with the necessary form to

enable them to register a claim with the Department for Work and Pensions (DWP).

- 2.2 Under the Statutory Sick Pay Regulations (1982) it is the duty of the organisation to ensure that the evidence provided by the individual is sufficient to justify their entitlement to SSP. In cases of repeated self certified absences, where there is doubt as to the validity of the reasons given, the legislation allows for an organisation to refer the case to the DWP. If abuse is suspected, payment of SSP can also be suspended pending approval from the DWP. All such cases should be brought to the attention of the HR department at an early stage. Where appropriate, and after consultation with the chief officer with the HR portfolio, the necessary procedures will be instigated.

3 Payment of allowances during sickness absence

- 3.1 For the purposes of occupational sick pay provisions, pay should be interpreted as meaning the national rate of pay. All allowances will be paid during sickness absence at the same rate as was received before going on sick leave, except for Essential Car User payments, which will be paid in full for the first 3 months of sick pay within a 12 month rolling period and at a rate of 50% thereafter.

4 Payment of pension contributions during sickness absence

- 4.1 If on half pay, pension contributions will be calculated on the half pay amount, and similarly, if on no pay then no pension contributions will be paid. Where the individual is on half pay there will be no impact on pensionable service. Individuals will have the opportunity to buy back any period of nil pay for pension purposes, and where this is not done the individual's pensionable service will be reduced to reflect the nil pay period. Please contact the Payroll Section for further information on sick pay.

5 Exercising discretion to extend occupational sick pay

- 5.1 The decision to exercise discretion is one for the chief officer holding the HR portfolio, who must consider each case on its merits. Whilst this policy identifies guidelines to promote fairness and consistency in the decision making process, this does not rule out the possibility for exceptions.
- 5.2 The HR department will highlight individuals who are due to move to half/nil pay, and will send written notification of the impending date to the individual and their line manager, together with details of how to appeal against this move. Individuals who do not register an appeal will automatically move to half/nil pay on the appropriate date.
- 5.3 Appeals will involve the individual having the opportunity to make written representations prior to a decision being made by the relevant chief officer on exercising discretion. The most recent advice from Occupational Health will also be considered.
- Appeals will be considered by the Head of HR in the first instance and then submitted to the relevant Chief Officer for final decision.

- 5.4 The outcome of the appeal will be confirmed to the individual in writing.
- 5.5 Where extensions of full or half pay are granted, this decision should be reviewed regularly. A review date will be decided at the time when discretion is exercised to resume/maintain paid sick leave, however, an appropriate interval between reviews is considered to be one month.
- 5.6 Circumstances where discretion may be exercised favourably include the following:
- Where the chief officer is satisfied that the individual's incapacity is directly attributable to an injury or illness that was sustained or contracted in the execution of his/her duty;
 - Where the individual is suffering from an illness which may prove to be terminal;
 - The case is being considered in accordance with the PNB Joint Guidance on Improving the Management of Ill Health and the Police Authority has referred the issue of whether the individual is permanently disabled to a selected medical practitioner;
 - Where the Force Medical Adviser advises that the absence is related to a disability as defined by the Disability Discrimination Act and the chief officer considers that it would be appropriate to extend sick pay to allow reasonable adjustments to be made to enable the individual to return to work.
- 5.7 The chief officer has an obligation to consider each case on its merits, and may decide to exercise discretion favourably in circumstances not covered by the guidelines set out above or may decide not to exercise discretion favourably in a case which is covered by the guidelines set out above.
- 5.8 Circumstances where discretion is unlikely to be exercised, even in the above situations, include:
- Where there is evidence of default or neglect on the individual's part;
 - Where the individual's actions may be delaying the process of recovery;
 - Where the individual is unreasonably failing to cooperate with:
 - A rehabilitation programme;
 - An adjustment to facilitate a return to duty within a reasonable timeframe;
 - Requests to attend medical examinations or supply medical information.
 - Where the individual is actively engaged in a business interest during the period of absence.

Extension of full/half pay as a result of SMP Referrals for Police Officers

5.9 In cases where police officers are put forward, either by management or via the Police Federation, for referral to a Selected Medical Practitioner in order to make a decision under Regulation A20 (ill health retirement), the current pay status of the officer will not automatically change, rather the following procedure will be used:

- When considering the request for SMP referral, and where the chief officer with the HR portfolio approves referral, he/she will also consider at this time whether to exercise discretion in reinstating full pay from the date of the referral request;
- In addition, once the SMP finding has been received, and the chief officer with the HR portfolio considers the A20 question of ill health retirement, he/she will also consider at this time whether to exercise discretion in reinstating full pay from the date of the referral request.

6 Taking annual leave during a period of sickness

6.1 An individual may apply to their line manager to take annual leave during any period of sick leave. In these circumstances, the individual continues on sickness absence, as they continue to be unavailable for work, however a 'top-up payment' to full pay will be made to any individual who is not already receiving full pay via the occupational sick pay scheme. At the end of the period of annual leave the individual will return to their correct occupational sick pay entitlement. The whole absence is recorded as a continuous period of sickness, including the period of annual leave.

7 Carrying over annual leave due to sickness

7.1 Details of carrying over annual leave due to sickness absence are shown in the Leave and Time Off policy (available from each Constabulary's intranet sites)