SICKNESS ABSENCE MANAGEMENT (OFFICERS AND STAFF)

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Legal Basis

Legislation specific to the subject of this policy document:

- None identified

Other relevant legislation which you must check this document against (required by law)

- Police Regulations 2003 (as amended)
- Employment Rights Act 1996
- Human Rights Act 1998 (in particular A.14 – Prohibition of discrimination)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974 and associated Regulations
- General Data Protection Regulation (GDPR) and Data Protection Act 2018
- Freedom Of Information Act 2000

Other documentation which you must check this document against:

- College of Policing – Code of Ethics
- Norfolk and Suffolk Constabularies' Standards of Professional Behaviour
- College of Policing – Authorised Professional Practice

1. Policy statement

1.1 Norfolk and Suffolk Constabularies (together 'the Constabularies') recognise that the health and wellbeing of all their people is vital to successfully delivering the best possible service. We value the importance of balancing work with a healthy lifestyle to help ensure maintenance of good physical and mental health.

1.2 The purpose of this policy is to outline a fair and equitable approach to Sickness Absence Management. It is intended to support and encourage individuals to return to work and to maintain an acceptable level of attendance as required by the Constabularies.

1.3 It aims to prevent discrimination in the workplace for any individual suffering from illnesses or conditions that are covered under equality legislation and to ensure appropriate adjustments and supporting measures are put in place where needed.

1.4 The Constabularies are committed to ensuring all policies comply with relevant legislation including Police Regulations and that consultation has been undertaken with all relevant staff groups. Unless we have expressly stated that a policy or procedure is contractual (police staff only), all policies and procedures within our Constabularies are non-contractual which means we can change our policies at any time, although we will consult with UNISON and Federation on any changes made. Our policies may also be updated periodically to reflect any legislative changes that are required.

1.5 All our policies promote equality, eliminate unlawful discrimination and actively promote good relations regardless of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, economic or family status.

1.6 The Director of People has overall responsibility for the effective operation of this policy and for ensuring compliance with the relevant statutory framework. Day-to-day responsibility for operating the policy and ensuring its maintenance and review has been delegated to the HR Managers, HR Delivery.

2. Applicability

2.1 This policy applies to all officers (except student officers), special constables, police staff employees including apprentices and individuals on secondment out of force (subject to the terms of the secondment). The policy excludes those in probation (officers and staff) as separate policies and guidance exist for those individuals (Probation section in the

Performance and Attendance – Staff Policy and Student Officer Policy / Regulation 13).

3. Data protection and confidentiality

3.1 All sickness and medical information, and any other information relating to an individual as a consequence of this procedure must be treated confidentially and processed in accordance with the Data Protection Act 2018, General Data Protection Regulation (GDPR) and the Constabularies' Data Protection Policy. Sickness and medical information must only be shared with those who need to know from an operational or welfare point of view, and only with prior consent from the individual concerned.

3.2 Individuals are prohibited from making covert electronic recordings on personal devices of any formal or informal meetings. If an individual has a specific reason for a recording of a return-to-work or Attendance Support Meeting ("ASM"), they should make a request to their manager prior to the meeting. If a manager does not consent to recording the meeting, the individual may postpone or pause the meeting until a Federation or UNISON representative, or another colleague, can attend the meeting with them.

4. Guiding principles

4.1 All officers and staff will be provided with support to maintain good health and well-being and attendance at work, and any reasonable adjustments which may be required by those with a disability will be made.

4.2 Individuals must take personal responsibility for their own health and wellbeing to maintain good attendance and performance at work.

4.3 Line managers and supervisors will be supported with advice from HR as to their responsibilities in supporting and managing sickness absence fairly and consistently for all those under their responsibility.

4.4 All sickness absence must be reported as soon as possible.

4.5 The Constabularies place high importance on return-to-work meetings as a valuable tool in supporting the health and well-being of its officers and staff.

4.6 The Constabularies expect ASMs to be held at the appropriate time to better support their officers and staff.

4.7 Individuals will be made aware when their cumulative total of sickness absence may have an impact on their pay.

4.8 Sickness absence will be accurately recorded and will be used to monitor trends, patterns and reasons for absence at all levels across the Constabularies.

4.9 Breaches of the sickness absence policy and procedures therein may be considered as potential misconduct and may be treated as such under the Disciplinary Policy (Staff) and Misconduct Policy (Officers).

5. Key responsibilities

5.1 Individuals are responsible for:

- Ensuring that they attend work unless unfit to do so.
- Promptly reporting sickness absence, personally wherever possible.
- Ensuring that fit notes are submitted at the appropriate time.
- When off sick, maintaining contact with the organisation through their line manager or their alternative agreed contact.
- Letting their line manager know (or HR or Workplace Health if they do not wish to share with their line manager) of any disability related conditions or health concerns that is affecting, or may affect, their work performance or attendance.
- Cooperating and engaging with the line manager during any return-to-work meetings or ASMs requested to attend.
- Attending all Workplace Health appointments where arranged and notifying Workplace Health in a timely manner of any inability to attend an appointment.
- If off sick and unable to return to work, or on recuperative duties, not doing anything that would cause a delay in recovery or make their condition worse.

5.2 Line Managers are responsible for:

- The proactive management of the attendance and wellbeing for those they supervise, ensuring this is reflected in day-to-day working practices.
- Being mindful of their duties under the Equality Act 2010 when dealing with sickness absence which relates to a protected characteristic, including disability, maternity, gender reassignment.
- Ensuring all members of their team are aware of attendance standards required, as well as the support available to them such as Workplace Health, Employee Assistance Programme (EAP), peer support groups.
- Maintaining regular and meaningful contact throughout any period of absence, as agreed with the individual.
- Ensuring the completion of a Workplace Health Referral for any individual reporting absent due to an injury on duty, musculoskeletal issues, psychological symptoms, serious illness such as cancer or MS, or any health concerns related to safety critical roles.

- Ensuring that any reasonable adjustments identified are implemented, and any barriers to returning to work are removed, working with HR and Workplace Health as necessary, in order to enable the individual a safe and successful return to work.
- Ensuring that a return-to-work meeting is undertaken after every period of absence.
- Ensuring that risk assessments are completed where applicable, including maternity risk assessments and display screen equipment user assessments.
- Monitoring sickness absence levels within their team and taking appropriate action as necessary when triggers are reached or where there is a specific cause for concern about an individual's absence.
- Use of ASMs when trigger points are reached and consideration of progression to formal action (under the Capability Policy – Staff or UPP Policy – Officers when support plan objectives are not met or satisfactory levels of attendance are not maintained and supportive measures have been undertaken.
- Line Managers must ensure that before any formal action is taken, they engage with their HR Advisor for advice and guidance specific to the case.

5.3 HR Delivery/HR Advisors are responsible for:

- Ensuring that managers are supported with advice and coaching inputs in carrying out their responsibilities.
- Providing Superintendents/Heads of Departments with appropriate management information on sickness absence for their business area, highlighting any areas of concern.
- Briefing Superintendents/Heads of Department on overall sickness levels within their area including any individual cases of frequent absence and long-term sickness.
- Monitoring occupational sick pay, notifying individuals of any reduction in their sick pay with at least three weeks' notice where possible.
- Collating all applications for pay reduction reconsideration and presenting recommendations to the Deputy Chief Constable (as delegated by the Chief Constable).

6. Supporting Attendance Management in Practice

6.1 The Constabularies are committed to supporting individuals to achieve and maintain a healthy lifestyle. To support this, we provide a wide range of provisions that promote health and wellbeing. These include:

- Access to onsite gyms
- Employee Assistance Programme (includes counselling provision)

- Peer Support Groups (including cancer, chronic fatigue, menopause)
- Mental Health First Aiders
- Neuro-diversity Buddies
- Wellbeing Training Courses
- Flint House Rehabilitation Centre (police officers, PCSOs and detention officers only)
- Oscar Kilo
- TRIM

6.2 Details of the wide range of support available can be found on the intranet on the Workplace Health pages. There are also a number of guidance and fact sheets on the Workplace Health pages.

6.3 Through regular communication with their team members, including 1-1 meetings, line managers should be able to recognise changes in individuals arising from issues connected to their wellbeing and attendance. Sickness absence management is an integral part of normal line management responsibilities.

6.4 Where a line manager considers that an individual's attendance shows signs of decline, they should informally discuss with them to understand the causes and how support might be introduced to help improvement. Any action should be taken as soon as possible rather than waiting for the next scheduled 1-1 meeting. Addressing any health issues early, whether physical or mental health, and discussing these, can sometimes prevent a problem escalating or at least provide a better opportunity to support the individual.

6.5 When an individual is too unwell to attend work, their line manager will provide support through early interventions and where applicable, will work with the individual through a number of processes to facilitate a return to work, such as ASMs, 1:1 reviews, and Workplace Health referrals.

6.6 For those cases where informal and supportive measures do not produce regular and reliable attendance, the Capability Policy (Staff) or Unsatisfactory Performance Procedures (UPP) (Officers) are available for consideration of formal procedures.

7. Reporting Sickness Absence

7.1 If you are unwell or have sustained an injury and are unable to attend work you must contact your line manager, or duty supervisor, as soon as possible on your first day of sickness, or before the beginning of your next working day or shift. You should let them know the reason for your absence and if you can at this point an indication of how long you think you might be absent for.

7.2 You should personally report your absence whenever possible, but in exceptional circumstances for example if you are too unwell then someone else such as a family member or friend can report on your behalf. You should then personally make contact with your line manager as soon as you are able to. Ideally you will report your absence by telephone when possible and practicable, but a text message is otherwise acceptable if you know your line manager is on duty. If you report by text, it is your line manager's responsibility to make contact with you in the next 24 hours.

7.3 If you fall ill at work you should follow the same reporting procedure as above, letting your line manager/duty supervisor know before you stop working. If this is during the first half of your shift/working day this will be recorded as one day's sickness absence and will count towards triggers. If you leave during the second half of your shift/working day the absence will still be recorded for monitoring purposes but will not count as a day's absence towards triggers.

7.4 When you report your absence, your line manager/duty supervisor will raise an on-line sickness absence reporting form to record the details – you will need to complete this form when you return to work. If your absence is notified to any other individual (in your manager's absence) that individual is responsible for raising the reporting form.

7.5 If your absence relates to an assault or injury at work, you must complete an Assault, Force Incident (AFI) form available in the Force Forms programme ensuring you select the Accident, Incident and Near Miss option. Your line manager/duty supervisor must complete this on your behalf if it is not possible for you to do so, wherever possible before the end of your tour of duty/working day, and in all circumstances no later than within five days. It is the line manager's responsibility to ensure that the form is completed. If the injury occurs as a result of operational duty, the Duty Inspector must also be informed.

7.6 If you fall sick whilst on annual leave and your illness means that you would be unfit to attend work/do your job, you may request your annual leave back but in order to do so you must report your sickness absence in the normal way, i.e. by contacting your line manager on the first day of sickness.

8. Certifying absence and fit notes

8.1 If your absence lasts for seven days or less (including non-working days/rest days) you can self-certify and will not normally be required to provide the Constabulary with medical evidence of your illness or injury.

8.2 If your absence continues for more than seven days (including non-working days/rest days) you will need to get a fit note from your GP, or other registered healthcare professional. A fit note is an official statement giving medical opinion on a person's fitness to work. The fit note will either say you are 'not fit to work' and for how long it lasts, or 'might be fit for work' and how the individual can be helped return to work, for example through a

phased return or different duties for a temporary period. A fit note will help your line manager plan for your return to work.

8.3 You should send your fit note to your line manager, by email if possible (as fit-notes are now produced digitally), on the seventh day of your absence or as soon as possible after this. The line manager should then forward this to People Customer Services for retaining on your personal file.

8.4 If you do not provide a fit note, your absence will be uncertified and any sick pay you were due to receive may be affected. If there is a delay in getting a fit note you should contact your line manager to explain why and when you expect to get the fit note.

9. Keeping in Contact

9.1 Whilst we appreciate contact during sickness absence can sometimes be difficult, especially if the absence is work related, it is really important that regular contact with your line manager is maintained.

9.2 This engagement is particularly important in order to understand your current state of health and wellbeing, how progress is being made towards a return to work and in particular, to identify any support required. By not having this regular contact, it is easy to feel disengaged or distanced from the Constabularies.

9.3 Exactly how often you need to have contact should be agreed between you and your line manager and may depend on the nature of your absence, however the level and timing of contact must be reasonable. This can be in whichever ways are the most appropriate to you; phone calls, face to face meetings, text and email are all possible ways.

9.4 If for any particular reason you feel unable to have direct contact with your own line manager, an alternative contact such as another manager, colleague, or HR Advisor can be identified and arranged. There is no right to sever all contact with the Constabulary when you are absent, so if you do not wish to have contact with your own line manager, please ask to speak to an HR Advisor, another manager or Workplace Health, so that contact arrangements can be set up.

9.5 Please note that no contact from Workplace Health or HR Delivery will be made with an individual when they are off sick/absent from work, unless explicitly requested or the individual has been referred via a management referral.

10. Sick Pay Entitlements

<u>Police Officers</u>

10.1 Police officer sick pay entitlement is available from the commencement of their service.

10.2 In line with regulation 28 of the Police Regulations 2003, officers are entitled to six months full pay and six months half pay over a 12-month period.

10.3 This is based on a 12-month rolling period, calculated in respect of each absence with reference to any other absence in the preceding 12 months.

Police Staff

10.4 Sick pay entitlement for police staff is as per the Police Staff Council handbook. The qualifying periods of service for sick pay entitlement is as follows:

During the first year of service:	Up to one month full pay and, after completing four months service, two months half pay before reducing to nil pay
During the second year of service:	Up to two months full pay and two months half pay before reducing to nil pay
During the third year of service	Up to four months full pay and four months half pay before reducing to nil pay
During fourth and fifth years of service	Up to five months full pay and five months half pay before reducing to nil pay
After five years' service	Up to six months full pay and six months half pay before reducing to nil pay

10.5 Previous continuous service in another UK police force will count towards calculating the above entitlements.

10.6 All entitlements are based on a 12-month rolling period, calculated in respect of each absence with reference to any other absence in the preceding 12 months.

11. Appeals Against Sick Pay Reduction

11.1 If your level of sickness absence means that your pay is shortly due to reduce to half pay or nil pay, should your absence continue or you have further sickness absence soon after you return to work, you will be notified in writing by HR of the forthcoming reduction. A minimum of three weeks' notice of the reduction will be given wherever possible.

11.2 In certain circumstances and under certain conditions the Deputy Chief Constable has discretion to extend periods of sick pay entitlement, on appeal by the individual concerned.

11.3 If you have been notified of a forthcoming reduction and wish to appeal this, you should register your appeal at least 14 calendar days (where possible) prior to the date of reduction in your pay, clearly providing the grounds of

your appeal. Your line manager, Federation or UNISON representative can appeal on your behalf if you wish them to.

11.4 For more information, including the circumstances in which an extension of pay may be granted and how to make an appeal application, please refer to Appendix A – Sick Pay Reduction Appeal Process.

12. Return-to-work meetings

12.1 Return-to-work meetings are intended to facilitate an individual's return from a period of sickness absence, enabling the line manager to check on their health and well-being, ascertain if any support is required and also update them on relevant work matters. They are of an informal nature and will be held by the line manager.

12.2 For short-term absences this meeting will normally be held on the day of return or as soon as practicably possible thereafter. For long term absence, this meeting should take place ideally prior to the individual's actual return to work (it may sometimes be done as part of a pre-return ASM) in order to agree any phased return working pattern, and/or any other support, or reasonable adjustments in relation to a disability, to facilitate an individual's return to work. This can however also be done on the individual's first day back to work and should not be a barrier to any return-to-work date.

12.3 Where possible, return-to-work meetings will be held in person, subject to hybrid and home working arrangements. Alternatively, they may be held via Teams. Individuals are not permitted to use non-work laptops or other personal devices for return-to-work meetings (or any other work meetings).

13. Sickness Absence Management Triggers – Informal Attendance Support

13.1 Line managers should seek to take early action where any sickness absence concerns exist. For a fair and consistent approach, the Constabularies use 'triggers' as indicators for when managers should consider an individual's level of absence and take appropriate supportive action. It is important managers take account of individual circumstances.

13.2 The triggers are:

- three periods of sickness absence within a rolling six calendar month period;
- four periods of sickness absence within a rolling 12 calendar month period;
- cumulative absence totalling 28 days (equivalent to 207.2 hours for police staff and 224 hours for police officers) within a rolling 12 calendar month period (this figure will be pro-rata for part-time staff/officers using the calculation of individual's FTE x 207.2 hours or FTE x 224 hours);
- a single period of absence that lasts, or is expected to last, 28 calendar days or longer;

- any other absences that give cause for concern – such as a significant pattern of absence occurring.

13.3 Examples of absences that might give cause for concern include those occurring:

- on the same day of the week;
- on the same shift pattern;
- during a period of rejected annual leave;
- following a disagreement or conflict at work.

13.4 If an individual reaches a trigger or a significant pattern is identified, the manager should review their sickness absence record and arrange an Attendance Support Meeting (ASM).

13.5 The ASM will be held between the individual and their line manager. The purpose of the ASM is to bring the absence concerns to the individual's attention, identify any possible underlying reasons, ways to improve attendance wherever possible and agree any support to be offered.

13.6 An attendance support plan may be put in place which will outline any steps to be taken to improve wellbeing and attendance, clarify what supportive action will be provided by the organisation, outline expectations in regard to level of improvement required and timescales.

13.7 A proactive approach will be taken to managing attendance in order to support individuals; this might include, for example, the implementation of reasonable adjustments where appropriate and/or recuperative duties to support the individual in their return to work.

13.8 Whilst the informal and supportive nature of this meeting is emphasised, any individual may request to be accompanied by a work colleague or a UNISON or Federation representative.

13.9 Wherever possible ASMs should be held in person, but where this is not practicable, for example due to hybrid or homeworking, they may be held on Teams. Individuals are not permitted to use non-work laptops or any other personal devices for ASMs (or any other work meetings).

14. Referrals to Workplace Health

14.1 The role of Workplace Health is to provide medical advice and guidance to managers and individuals on the impact of an individual's health on their ability to undertake their role and what measures could be put in place to support them, where appropriate.

14.2 They will provide support and guidance for example in relation to:

- Fitness for work

- Understanding of how a condition may impact an individual's ability to undertake requirements of their role
- Reasonable adjustments and recuperative working
- Support with appropriate treatment through external providers
- Personal risk assessment input

14.3 A referral can be submitted by any manager within the line management chain of an individual, or by HR.

14.4 Line managers must make a Workplace Health referral for any individual reporting absent due to an injury on duty, musculoskeletal issues, psychological symptoms, serious illness, and any health concerns related to safety critical roles.

14.5 See Workplace Health Management Referral Guidance.

15. Phased Return and Recuperative Duties

15.1 In some cases where an individual is preparing to return to work, their registered medical professional or Workplace Health may recommend they return on recuperative duties or a phased return. Recuperative duties consist of a structured, time limited, rehabilitative process. A phased return is where an individual might come back to work for a limited number of hours or days a week to start with.

15.2 Following a referral to Workplace Health, the necessary support will be identified and a recuperative plan developed to support the individual's return to full duties. This plan will be administered by Workplace Health.

15.3 For further information for Police Staff, please refer to Appendix B 'Phased Return and Recuperative Duties (Staff)'.

15.4 For Police Officers, please refer to the Limited Duties Policy.

16. Pregnancy Related Absence

16.1 Under the provisions of the Equality Act 2010, the Constabularies have a duty to take reasonable steps to prevent pregnant individuals being disadvantaged in comparison with those who are not pregnant. This responsibility extends to managing absence.

16.2 Any pregnancy related absences will be discounted from consideration of any formal absence management action, however if a trigger is reached the line manager must still hold a return-to-work meeting, and an ASM where appropriate and discuss what extra support the individual may need.

16.3 Line managers should also ensure they carry out a pregnancy-related risk assessment and review this regularly.

16.4 For further information please see the Maternity Policy (Police Officers) and Maternity Policy (Police Staff).

17. Fertility treatment

17.1 Please refer to Fertility Treatment section of the Leave and Time Off Policy (Police Officers) and the Leave and Time Off Policy (Police Staff).

18. Disability Related Absence

18.1 Further advice can be obtained from the HR Advisor team and Workplace Health.

18.2 A disability is defined by the Equality Act 2010 as:

- a physical or mental impairment which
- has a substantial and long-term adverse effect on the individual's ability to perform normal day-to-day activities.

18.3 For the purposes of the Equality Act 2010, these words have the following meanings:

- Substantial = more than minor or trivial.
- Long-term = the effect of the impairment has lasted or is likely to last for at least twelve months.
- Normal day-to-day activities = everyday things like eating, washing, walking and going shopping.

The definition covers a broad range of mental and physical conditions, such as cerebral palsy, autism, HIV, multiple sclerosis, muscular dystrophy, hearing and visual impairments, asthma, ADHD and depression.

18.4 Disability related absence should still be reported and recorded in the usual way.

18.5 If an individual is absent due to a disability related illness, their line manager should talk to them about any reasonable adjustments they may require. Whilst disability related absences will not be discounted for monitoring purposes, consideration may be given to adjusting absence triggers, in relation to any formal management action, as a reasonable adjustment. Exactly what adjustments are appropriate will depend on the nature of the individual's disability or condition and its impact on their attendance.

19. Gender Reassignment Absence

19.1 If an individual has had or is having sickness absence related to gender reassignment surgery or other gender reassignment medical procedures or treatment, and this is impacting their attendance level, an adjustment to the attendance standard that may initiate formal absence management may be appropriate. Line managers should seek advice from their HR Advisor

where they have concerns. For further information please see the Trans Equality at Work Policy.

20. Elective Surgery

20.1 Elective surgery is surgery that is not considered to be medically or psychologically necessary. This includes cosmetic surgery which is concerned with the enhancement of appearance e.g. face-lifts, botox. It also includes other procedures such as laser eye treatment and vasectomies.

20.2 Paid time will not be granted for elective surgery unless complications arise requiring additional time off beyond the normal recovery period, which will be treated as sickness absence. Therefore, if an individual decides to undergo elective surgery, they should request enough annual leave, flex, time off in lieu etc, for the procedure and normal expected recovery period. Please see also the Elective Surgery section in the Leave and Time Off Police Staff Policy and Leave and Time Off Policy Police Officer Policy.

21. Recruitment and sickness absence

21.1 During the informal attendance support stage (once a trigger is reached) there will be no effect on recruitment decisions or any restriction on applying for vacancies, secondments or other career development opportunities, except for any of the following reasons:

- If an individual is considered not to be medically fit and adjustments required cannot be made for the post they are applying for;
- where a police staff member has been subject to the formal stage of the Capability procedure or a police officer subject to the formal stage of the Unsatisfactory Performance Procedure in the last 12 months. In such circumstances a decision will be made on a case-by-case basis.

22. If we can no longer support your absence levels

22.1 Whilst a sympathetic, supportive and flexible approach, including all possible reasonable adjustments, where appropriate, will always be taken when managing sickness absence, the Constabularies cannot support long term sickness absence or frequent short-term absence indefinitely.

22.2 In some cases, if there has been no sustained improvement in your attendance through the informal supportive measures outlined in this policy, your manager may need to move to address this through formal procedures under the Capability Policy (Police Staff) or Unsatisfactory Performance Procedures (Police Officers). The option of medical redeployment to an alternative role may also be considered if appropriate. See Appendix C – Medical Redeployment (Police Staff). For Police Officers redeployment will be managed in line with the Limited Duties Policy.

22.3 We may do this if you are off sick on a long-term basis and there is no indication that you may be able to return to work in the foreseeable future or where you continue to have frequent short-term absences that have

continued at an unacceptable level. Individual circumstances will always be taken into consideration.

22.4 A move to formal procedures will only be undertaken when all other absence management procedures and all supportive measures have been undertaken and any other options, including consideration of ill-health retirement (if you are a member of the Local Government Pension Scheme or Police Pension Scheme), have been exhausted. A minimum of two ASMs will always be held before formal procedures are considered.

23. Career Breaks for Health and Wellbeing Purposes

23.1 The option of requesting a career break for health and wellbeing purposes is available to officers and staff at any point of their service. An individual could consider requesting this during informal sickness management and support stage as an alternative to escalation, but also during the formal capability procedure.

23.2 For further information please see the Career Break Policy (Police Officers) and Career Break Policy (Police Staff). Advice may also be sought from the individual's or line manager's HR Advisor.

24. Terminal Illness

24.1 The Constabularies are committed to supporting terminally ill officers and staff with dignity, respect and compassion and have adopted the TUC's 'Dying to Work' voluntary charter.

24.2 The charter sets out the agreed way in which our officers and staff will be supported, protected and guided throughout their service/employment following a terminal diagnosis. This includes the assurance that the Constabularies will not dismiss any officer or police staff member with a terminal diagnosis with a prognosis of 12 months or less because of their condition.

25. Ill Health Retirement

25.1 **Police officers** who are determined by a Selected Medical Practitioner to be disabled from the role of a police constable may be retired on the grounds of ill health in accordance with Police Pension Regulations. The HR Delivery Team are responsible for managing the process for ill health retirement and can provide advice and guidance accordingly.

25.2 **Police staff** who are determined by an Independent Registered Medical Practitioner to be permanently incapable of undertaking their current role and not immediately capable of undertaking gainful employment may be retired on the grounds of ill health in accordance with Local Government Pension Scheme Regulations (subject to the minimum qualifying scheme membership). The HR Delivery Team are responsible for managing the process for ill health retirement and can provide advice and guidance accordingly.

26. Further Support

26.1 The following sources of support are available. Please click on the links for further information:

Employee Assistance Programme

Peer Support Groups

UNISON – Norfolk and Suffolk Police Branch

Federation - Norfolk

Federation - Suffolk

Chaplaincy - Norfolk

Chaplaincy – Suffolk

Staff Support Networks

Appendix A – Reduction in Sick Pay – Appeals Process

How to Appeal

Whilst there is no right to receive sick pay above your entitlement, the Chief Constable does have the discretion to extend periods of sick pay in certain circumstances. The Chief Constable has delegated this discretion to the Deputy Chief Constable.

If you have been told that your sick pay will soon reduce to half pay or nil pay, the following information explains how you can appeal to have your period of full or half pay considered for extension, if you feel there are specific circumstances relating to your absence that may warrant this.

Details of how to appeal will be included in the letter you receive notifying you of your pending pay reduction, which you will need to do in writing. In certain circumstances if you are unable to submit an appeal personally, for example if you are too unwell, a line manager, UNISON or Federation representative may do so on your behalf.

If an appeal is not submitted, you will automatically reduce to half pay or nil pay on the date you have been notified of.

Your HR Advisor will review your application for appeal in the first instance and will submit your appeal with a case summary to the DCC for a decision, a copy of which will be provided to you.

How is the appeal considered?

When considering whether to exercise discretion, the DCC will look at whether any of the following apply:

- Your incapacity is directly attributable to an injury or illness sustained or contracted during duty.
- You are 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.
- The Force Medical Advisor advises that your absence is related to a disability and it is considered that it would be a reasonable adjustment to extend your sick pay, generally to allow (further) reasonable adjustments to be made to enable you to return to work.
- There is some other exceptional factor relating to your absence.

When considering whether to grant an extension to your sick pay beyond your entitlement in the above circumstances, the DCC will consider all substantial factors including whether:

- there is evidence of any neglect on your part that has contributed to your absence.
- there are any actions on your part that may be delaying the process of your recovery.

- you are co-operating with any rehabilitation programme or recommended adjustments to facilitate your return to work, or requests to attend medical examinations/reviews or provide medical information.
- whether your return to work is likely within a reasonable time-frame.

You will be notified in writing of the outcome of your appeal within seven days of the DCC considering your appeal. If your case is supported, your full pay or half pay will continue (or be reinstated) for the period as specified by the DCC.

There is no further right of appeal against the DCC's decision.

You can submit a further appeal at the end of the extended period of pay, if applicable.

Appendix B – Recuperative Duties and Phased Return – Police Staff

Following is applicable to Police Staff only. For Police Officers refer to the Limited Duties Policy

What are they and when are they used?

Recuperative duties are when a police staff member is unable to undertake the full duties of their role for a short period of time whilst recovering from ill health or injury but is able to perform some work.

A phased return is when a staff member returns and works shorter hours or a different pattern (e.g. days only) gradually increasing back to their normal full hours.

Placing a staff member on recuperative duties or a phased return will only be considered if their Fit Note suggests they would benefit from this and/or it is recommended by Workplace Health Department.

Quite often, shorter-term recuperative duties (usually less than one month) will be locally agreed. HR must still be made aware, via email, in order that appropriate reporting and accurate effective strength calculations can be undertaken.

Consideration of recuperative duties or a phased return should be treated on a case-by-case basis. The Constabularies do have a legal responsibility to consider all possible reasonable adjustments for those whose requirement is disability related, but in all circumstances we still want to be as supportive as we can, so all requests and recommendations should be accommodated where possible.

If it is not possible to accommodate the staff member on recuperative duties recommended by their GP, the individual may have to remain off sick until they are fit to return to their full role.

How long is it for?

An individual should not be on recuperative duties or phased return for more than 12 weeks, unless there are exceptional circumstances, in which case the HR Operations Manager has the discretion to extend this period. All cases should be reviewed on a regular basis, which will include holding ASMs and referral back to Workplace Health as appropriate.

Following the 12 week period, if an individual is not capable of returning to full duties at this point they will be referred to Workplace Health to help inform options and next steps. Medical redeployment to an alternative role in the relevant Constabulary may be considered at this point if appropriate.

How will pay be affected?

When a staff member is on recuperative duties or a phased return, they will receive full pay based on their normal hours, including any allowances they normally receive, for up to 12 weeks (unless extended further).

Appendix C – Medical Redeployment

Police Staff only. For Police Officers please refer to the Limited Duties Policy

When it applies

Redeployment to a suitable alternative role may constitute a reasonable adjustment in certain cases involving ill-health and/or disability. It may be considered as an option by line managers or HR at any stage of a sickness absence management procedure prior to or during the formal capability procedure.

Medical redeployment can only be pursued where there is medical advice to support this and where there is a reasonable expectation of a successful outcome. It will be considered as long as Workplace Health Department agree that the staff member is or will be fit to undertake alternative work within a reasonable time frame, subject to any reasonable adjustments where appropriate. Redeployment should be considered before exploring the option of ill health retirement.

HR will need to authorise the commencement of the redeployment process in all cases. The staff member must give their agreement to start the redeployment search process.

The redeployment process

The line manager and an HR Advisor will actively assist the staff member in identifying potential suitable vacancies. The individual must be proactive in assisting themselves. Suitability of roles will take into consideration the individual's substantive pay grade and hours of work, as well as their skills, knowledge and experience, but may not necessarily be an exact match. Further assessments, for example an informal interview or trial assessment, may be conducted to gauge suitability. Decisions within this process will be made on a case-by-case basis and will be discussed with HR.

Prior to any formal offer being made, advice from Workplace Health Department will be sought to ensure the proposed new role is suitable, subject to any reasonable adjustments recommended. Staff members seeking medical redeployment will receive preferential application status above all other staff, except those who are at risk of redundancy.

Where a staff member is medically redeployed, they will be paid the salary and allowances applicable to the post they have been redeployed to from the date they start the new post. They will not be entitled to any period of pay protection. Where a staff member is redeployed to a lower band post their pay will be adjusted to the highest pay point of the new band.

Timescales

The redeployment search period will normally last for up to three months, however this may be extended where authorised by an HR Business Partner, depending on individual circumstances. Where a staff member is returning to work on recuperative duties or a phased return following a period of absence, the redeployment search will not commence during the first six weeks of the rehabilitative programme.

If no suitable alternative employment is found during the search period a Stage 3 Capability Meeting will be convened (or re-convened as applicable) in accordance with the Capability (Performance and Attendance) Policy and where all reasonable adjustments have been exhausted, this may result in notice of dismissal. In these circumstances, search for redeployment may continue during the individual's notice period.

Note, there is no requirement for a trial period with medical redeployment.

Appendix D – Officer/Staff Frequently Asked Questions

Q 1 If I call in sick, can I ask my line manager to use annual leave instead of it being recorded as sickness absence?

No, if you are absent due to sickness or injury it must be recorded as such. The reason for this is that we have a duty of care for your health and wellbeing and any absence needs to be recorded correctly. In doing so we can help support you and ensure we manage your absence consistently in line with our policy.

Q 2 Do I have to discuss my absence with my line manager?

You do not necessarily have to tell your line manager all the details of your absence but we do need to know the nature of it and how it is affecting your ability to work. You do not have to discuss anything you are not comfortable with sharing but the more information you provide the more support we can give.

You can also ask to speak to an alternative manager if you would be more comfortable in doing that, or a member of HR, or Workplace Health.

Q 3 Can my line manager send me home sick?

If your manager feels that your current state of health may be posing a risk to colleagues or members of the public they can request you to take sick leave or consider a possible medical suspension. They may also refer you to Workplace Health (subject to your consent).

Fit Notes and Return-to-Work Meetings

Q 4 I am now well enough to go back to work – but today I am on a rest day. Should I notify my manager?

Police Officers

You should report to your line manager (or other nominated supervisor) as soon as you are well enough to return, even if you are on a rest day or annual leave.

Police Staff

You will only need to confirm the date your incapacity ended on the next working day that you return to work.

Q 5 I feel well enough to return but my Fit Note has not yet expired – can I go back to work before my Fit Note ends?

You should go back to work as soon as you feel ready and able to and sometimes this may be before your fit note runs out. For example, you may be able to go back to work sooner if you've recovered from your illness or injury more quickly than expected, or adjustments to your workplace or role can be offered to help you return to work.

You do not always have to be 100% "fit" to be able to do some work – and sometimes work can help your recovery from health problems or support your overall wellbeing if you have a long-term health condition.

If you want to go back to work before the end date on your fit note you should discuss this with your line manager who may seek advice from or refer you to Workplace Health. In some cases, it may not be possible to agree to your early return, for example if it is not possible to make the workplace adjustments to support this.

You should not go back to work before the end date on your fit note if your doctor has advised that you should stay off work for the full period covered by the fit note, and wants to see you again.

Depending on your job, you may need to meet other requirements before you can return to work. For example, DVLA rules will apply if you drive certain categories of vehicles.

Q 6 Do I need another Note saying I'm fit to return to work?

No, you do not need a further Fit Note to be signed fit to go back to work.

There may however be certain circumstances where we ask you to see Workplace Health or your GP or medical practitioner if we feel further advice regarding your return to work is warranted.

Q 7 What will normally be discussed during a Return-to-Work meeting?

This will depend on the length and reason for your absence but usually you can expect the following areas to be discussed:

- your health and well-being and if you are well enough to be back at work on your full duties;
- if you have a fit note, the details of this may be discussed for example if it says you are fit for work but with some restrictions;
- whether or not there would be benefit of a Workplace Health referral;
- if you have any workplace concerns or concerns outside work that might be affecting your attendance and health or well-being;
- any business or departmental updates and your own workload;
- if your attendance has room for improvement for example you are near to reaching a sickness absence support trigger point your manager will let you know this and what the next steps might be, for example an Attendance Support Meeting (ASM);
- if you have already reached a sickness absence support trigger you will be invited to an ASM (if not already arranged or taken place).

Attendance Support Meetings and Workplace Health Referrals

Q 8 What support is available to me when I am off sick?

Your line manager (or other agreed contact) will stay in regular contact with you whilst you are off sick – this allows them to check how you are doing and to answer any questions you may have. All contact must be reasonable and timed appropriately.

If it is felt there would be a benefit from seeing Workplace Health your manager will discuss this with you and may make a referral. If this is arranged, it is important that you attend any appointments, including telephone consultations and co-operate with requests. If you do not, this may delay your return to work and/or affect the level of information Workplace Health can provide to your manager which in turn could affect support in relation to any possible reasonable adjustments when you return.

The Constabularies' Employee Assistance Programme (EAP) is also a good source of practical, confidential advice and emotional support

You may also choose to seek assistance from UNISON or Federation.

Q 9 What happens at an Attendance Support Meeting (ASM) and do I have to attend?

An ASM is usually arranged if you have reached a trigger. ASMs are an opportunity for your line manager to discuss your absence with you in more detail and offer any support that may be identified to improve your attendance. Attendance targets will often be set as part of the meeting, unless the circumstances or nature of your absence indicates this is not appropriate. The ASM is an informal, supportive meeting.

You must attend ASMs when asked to do so, unless you have reasonable grounds not to.

If you are absent from work at the time, the ASM can be arranged at your home, with your agreement, or at an alternative location you are comfortable with. Alternatively, an ASM may be held on Teams.

Q 10 Can I be accompanied to an ASM?

You have the right to be accompanied to any formal meetings at work.

Whilst an ASM is an informal meeting, you can still be accompanied to these meetings if you choose to, by a UNISON or Federation representative (If you are a member) or a colleague.

You will need to make your own arrangements with the person accompanying you to attend the meeting.

If your companion is unable to attend the meeting date set, the meeting can be re-arranged. If they're unable to make the re-arranged date, you may have to ask someone else.

At the meeting, with your permission, your companion can address the meeting to sum up what's been said; respond to any views discussed; confer with you during the meeting or ask for a break.

Q 11 Can I refuse to go to Workplace Health?

Yes you can, but before you make this decision we recommend you fully consider the benefits this can provide and your line manager can discuss this with you.

Your manager wishes to refer you out of concern for your health and wellbeing and how this affects your ability to do your job. If you don't see Workplace Health when it has been recommended for you to, your line

manager may have to make decisions about your employment without the benefit of their advice.

Your line manager is always required to gain your consent before making a referral and should discuss the content of the referral with you.

If you have any issue or concerns with attending, you may wish to speak to your UNISON or Federation representative.

Disability Related Absence

Q 12 What if my absence is caused by a disability?

Whilst you are not obliged to tell your line manager if you have a disability they will be able to manage and support your absence more appropriately if they are aware of this. If you are aware of any reasonable adjustments that may help you when you return you should speak to your line manager.

More information is available in the Disability Management Policy.

Pregnancy Related Absence

Q 13 What if my sickness absence is related to my pregnancy?

You should let your line manager know – they may need to review your maternity risk assessment if there are changes to your health. If your have maternity related sickness absence in your last trimester your maternity leave start date may be brought forward.

More information is available in the Maternity Leave Policy (Police Officers) and Maternity Leave Policy (Police Staff).

Pay, Allowances and Expenses

Q 14 How much Sick Pay am I entitled to?

Sick Pay is made up of **Statutory Sick Pay (SSP)** and **Occupational Sick Pay (OSP).** Your sick pay entitlement is dependent on whether you are an officer or police staff employee, and for police staff how much continuous service you have. Entitlements are based on a 12-month rolling period.

Occupational Sick Pay: Police Officers

Entitlements are determined in accordance with Police Regulations (Regulation 46). This will be calculated in respect of each absence with reference to the preceding period of 12 months, allowing a maximum of 6 months at full rate followed by 6 months at half rate before going into nil pay.

Occupational Sick Pay: Police Staff

Your OSP will be determined in accordance with the Police Staff Council Handbook and will take account of your length of continuous service.

- During the first year of service - up to one month full pay and, after completing four months service, two months half pay

- During the second year of service- up to two months full pay and two months half pay
- During the third year of service - up to four months full pay and four months half pay
- During fourth and fifth years of service - up to five months full pay and five months half pay
- After five years' service - up to six months full pay and six months half pay

Q 15 What is Statutory Sick Pay (SSP) and how is it paid?

SSP is the payment that an employer is liable to pay an employee who is off sick and as is payable up to 28 weeks. If you are off sick and receiving full pay the requirement to pay SSP is discharged. If you fall below full pay, you will be entitled to your reduced occupational sick pay plus SSP, as long as the total combined amount does not exceed your normal full pay.

Q 16 What will happen to payment of my allowances during my sickness absence?

Police Staff

All contractual allowances such as shift allowances and weekend enhancements are still paid to you while you are absent and receiving full pay, except for Essential Car User payments, which will be paid in full for the first 3 months of absence within a 12 month rolling period and at a rate of 50% thereafter.

If you are on half pay your allowances will also reduce in line with this. If you move to nil pay you will not receive any payment of your allowances.

Officers

You will continue to be paid all your regular allowances whilst on full pay. If you are on half pay your allowances will also reduce in line with this. If you move to nil pay you will not receive any payment of your allowances.

Q 17 What will happen to my pension contributions during my absence?

Any reduction in your pay will affect your pension contributions: if you go onto half pay your pension contributions will be calculated on the half pay amount, and similarly if you are on nil pay then no pension contributions will be payable by you.

When you are on half pay there will be no impact on your pensionable service. If you go onto nil pay your pensionable service will be reduced to reflect the nil pay period, however you will have the opportunity to buy back any period of nil pay for pension purposes. The Payroll team will contact you when you return to work to ask if you would like to buy back any nil pay period for pension contributions.

Business Interests/Additional Occupations

Q 18 I have a business interest/additional occupation – can I still continue with this whilst I am off sick?

Whilst you are absent from work you are not permitted to work elsewhere, whether it is paid or voluntary, unless your GP/medical practitioner or Workplace Health have recommended you take up voluntary work as part of your rehabilitation plan. You should ensure that this is discussed with your line manager who will then obtain guidance from the HR Advisor.

If you are absent long term and wish to continue with a business interest you need to contact Professional Standards Department for a review.

See Business Interests and Additional Occupations Policy.

Annual Leave and Sickness Absence

Q 19 I am on long-term sick and want to use some annual leave – is this possible?

Although it is not possible to take annual leave in order to go on holiday whilst off sick you can request to be paid for a period of annual leave to help financially (if on reduced or nil pay). In these circumstances you will continue to be recorded as being on sickness absence, but the leave days taken will be deducted from your leave account.

Appendix E – Line Manager Frequently Asked Questions

Reporting Absence

Q 1 What information should I ask for when a member of my team reports sick?

Ask them the reason for their absence and an indication of how long they will likely be absent for, if they know at this stage.

If appropriate, check if they've had any medical advice or are looking to get any, e.g. GP appointment.

Ask if there is any specific help or support they feel they need at this stage – it may be appropriate to remind them of the Employee Assistance Programme.

If appropriate, you may also want to check if they've got any specific work or meetings that need to be covered in the short term.

Q 2 What if my team member doesn't want to discuss their absence with me?

Explain to them that we have a duty of care to their health and safety so it's important to know the nature of their absence and how any medical condition might affect their work or attendance, and any support they may need. They don't have to tell you the details of their absence nor discuss anything they are not comfortable with.

Let them know they can ask to speak with an alternative manager or an HR Advisor, or Workplace Health, if they prefer.

Q 3 A member of my team has to go to hospital for a pre-planned operation – how should this be recorded?

If the operation or procedure is essential or is based on medical advice and the procedure and any recovery period lasts one day or more, this should be recorded as sickness absence.

If the procedure lasts less than one day then this should be recorded as 'paid time for medical appointments'.

For further information on time off for medical appointments please refer to the Leave and Time Off Policy Police Staff) and Leave and Time Off Policy (police officers).

Returning to Work

Q 4 When should I carry out a return-to-work meeting?

You need to carry out a return-to-work meeting after every absence, preferably on the day your team member returns to work or as soon as possible thereafter.

Q 5 What should I discuss at a return-to-work meeting?

This will vary depending on the length and reason for the absence but usually you will cover the following:

- Welcome your team member back and check they are well enough to do their full duties;
- If they have a Fit Note discuss the details, for example if it says they are fit for some work but with restrictions you may have to make some temporary adjustments before they are fully fit (you may already have a phased return or recuperative plan in place –
- Any business or departmental updates and their own workload;
- If they have any workplace concerns or outside issues or concerns that they wish to talk about you will want to discuss this to get a better understanding of their problem and consider what support, action or sign-posting may be appropriate;
- If they are near to reaching a sickness absence trigger, you should explain the triggers and that an Attendance Support Meeting (ASM) will usually take place if a trigger is reached;

Fit Notes

Q 6 My team member has said they will be returning before their fit note expires, is this ok?

Individuals should return to work as soon as they are ready and able to and sometimes they may be ready before their fit note runs out. For example, they may have recovered from their illness or injury more quickly than expected.

People don't always have to be 100% 'fit' to be able to do some work and often it can help recovery or support overall well-being if they have a long-term health condition.

If your team member feels ready to return before their fit note expires they should discuss this with you and their GP/medical practitioner if possible. You may want to seek advice either from your HR Advisor or Workplace Health to ensure you can support their return if any temporary adjustments are required.

In some cases it may not be possible to agree to support an early return, for example if it is not possible to make the temporary work-place adjustments that would be needed to support this.

Individuals should not however go back to work before the expiry of their fit note if their doctor has advised they should stay off work for the full period.

Support

Q 7 When should I refer someone to Workplace Health?

Referrals are mandatory (subject to the individual's consent) for any individual reporting absent due to an injury on duty, musculoskeletal, psychological, serious illness, or any health concerns related to safety critical roles.

A referral can help you as a line manager understand how an illness or injury will impact on an individual's ability to work, when they may be able to return to work and what further support might be needed.

For absence reasons other than the above, in general if you can get the information from another source ie from the individual themselves or via their GP or other medical practitioner, then you probably won't need to make a referral.

You can speak to your HR Advisor for further guidance about making a referral if you are unsure.

A referral must only be made however once you have spoken to your team member about this and they agree to it. It is best practice to discuss the content of the referral with them and give them the opportunity to comment on it. You should always give the individual a copy of the referral.

See: Management Referrals Protocol and Workplace Health Referral System

Q 8 A member of my team is off sick with work-related stress. What should I do?

We have a statutory duty to protect our staff from work-related stress.

Although you should manage the absence in the same way as any other absence, there are some additional considerations.

As with any absence you should be sensitive as to how frequently the individual may want to be contacted and also signpost them to the Employee Assistance Programme.

If arranging an ASM they may prefer to meet away from Constabulary premises, whether at their home or an alternative place where they feel comfortable. Bear in mind that if you arrange an ASM at their home there could be distractions that affect the ability to properly focus on the conversation.

Also, offer to undertake a work-related stress assessment with them – this can be helpful in identifying what is causing the stress and how this might be reduced. A risk assessment form, and further guidance, is available through Workplace Health. See: Work Related Stress Assessment Form

A referral to Workplace Health should be made for any work-related stress absence.

Q 9 My team member has been off long-term – what else should I be doing to support them?

Handling long-term absence can be a delicate matter, the illness may be serious and could involve an operation and recovery time; or they could be suffering from a mental health condition, for example.

You should keep in contact with your team member in the ways you have agreed and also explain any important workplace changes. Consider if in some cases it might be best to simply keep in touch and give them the time and space they need to recover. If appropriate you may also want to discuss with them what contact they may like from their colleagues.

ASMs should continue unless you otherwise agree with your HR Advisor that it is not appropriate to hold them.

You will also want to consider if the rest of the team can manage without the person for a time, or if you need to arrange any additional temporary cover.

Disability Related Absence

Q 10 A member of my team has told me that their absence is related to a disability – what should I do?

If this is the first time they have told you about the disability you can contact your HR Advisor for guidance. Any line manager who is made aware of a disability by a member of their team is duty bound to inform Workplace Health to ensure this is recorded in accordance with the Workplace Health Privacy Notice.

Check if your team member needs any additional support including any reasonable adjustments when they return.

Further information is available in the Disability Management Policy.

Signpost your team member to the Employee Assistance Programme – this can be particularly helpful if their disability is mental health related or is affecting their mental health.

Pregnancy Related Absence

Q 13 A member of my team's absence is related to their pregnancy – what should I do?

The absence should be recorded and supported in the normal way and if there has been a change in their health you should review their pregnancy and maternity risk assessment.

If maternity related sickness absence occurs in the last trimester this may have the effect of bringing forward the individual's maternity leave start date.

For further information please see Maternity Leave Policy (Police Officers) and Maternity Leave Policy (Police Staff).

Annual Leave and Sickness Absence

Q 14 Someone wants to go on holiday while they are off sick. What do I do?

Depending on the nature of their illness/injury and their GP's recommendations, it can sometimes be beneficial for the individual to go on holiday whilst recovering. Individuals going on holiday during sickness absence should not request annual leave but they should give you contact details for when they are away.

Q 15 My team member is on long-term sick and wants to use some annual leave – is this possible?

Although it is not possible to take annual leave in order to go on holiday whilst off sick an individual can request to be paid for a period of annual leave to help them financially. In these circumstances they will continue to be recorded as being on sickness absence, but the leave days you approve will be deducted from their leave account. For any officer who elects to take paid annual leave whilst on a period of absence on nil pay this leave will not be pensionable.