1.0 SCOPE

This policy applies to all Police Mutual Group colleagues including those on temporary and fixed term contracts regardless of length of contract.

2.0 PURPOSE

This policy sets out the rules and processes to be followed by all colleagues when they are unable to attend work due for health reasons.

3.0 INTRODUCTION

Our colleagues are key to delivering a first class service to our Members and the health and wellbeing of our workforce is important in enabling us to achieve our objectives.

We want all colleagues to maximise their attendance at work while recognising that colleagues will, from time to time, be unable to come to work for short periods due to sickness or other reasons.

There will inevitably be some short-term sickness absence and we must consider the impact on business needs. If you are frequently and persistently absent from work, this can reduce our efficiency and place an additional burden on others.

This policy and procedure ensures the fair and consistent treatment of colleagues who have frequent or excessive short term absence or are unable to attend due to longer term ill-health.

It provides a framework for managers to support and encourage reliable attendance at work, and promote effective management of sickness absence and ill-health.

Our sickness absence levels are monitored by HR. The number of working days lost to sickness absence is measured and targets may be set to maintain absences to achieve acceptable levels.

4.0 HIGH LEVEL POLICY STATEMENT

This policy applies to all colleagues working on permanent, temporary and fixed term contracts of employment. The policy does not confer any contractual rights on anyone who works for the Group in whatever capacity. We reserve the right to withdraw or amend the whole or part of this policy at any time. Where practicable, appropriate notice will be given.

Under the Senior Managers and Certification Regime (SM&CR) any colleague subject to the regime will be required to adhere to all defined regulatory rules, Group policies and the Authority Handbook and therefore within the application of this policy these must be considered.

5.0 ROLES AND RESPONSIBILITIES
The Head of HR has responsibility for the development and maintenance of this policy.

**Colleagues are** responsible for managing their symptoms and looking after themselves to keep absences to a minimum. Colleagues should comply with any absence reporting requirements required of them and provide self-certifications or Fit Note notes as appropriate.

**Managers** are responsible for overall attendance monitoring and management, including welfare support.

**Human Resources** will provide procedural guidance to managers and will also provide a welfare support role to colleagues with regular monitoring support.

**General and Medical Practitioners and/or Occupational Health Advisers** retained by the Group will offer expert medical guidance and provide objective support to colleagues with health problems. External counselling may also be arranged through the confidential 24 hours Employee Helpline on 0800 328 1437.

### 6.0 PROCEDURE

This procedure provides a fair and equitable framework to be followed when colleagues are unable to attend work due to sickness.

**Reporting**

Regardless of how long you may expect to be unable to attend work, you must speak to your line manager to report your absence as soon as possible and normally no later than one hour before your normal working hours on each day of absence. Your line manager will then advise the HR team of your absence.

You should telephone your manager yourself. Only where the reason for the absence prevents you from doing so (e.g. severe illness or accident) is it acceptable for you to make arrangements for a family member, friend, or colleague etc. to make contact with us on your behalf. Notification of absence by text, email or by asking another colleague to pass on a message on your behalf is not acceptable.

If you are unable to contact your manager to notify them of your absence, you should contact the HR team instead.

While recognising your right to certain levels of confidentiality, you should expect to provide the following details:

- Your name - the name of your line manager if calling HR
- The reason for absence
- If the absence is as a result of illness or accident, the actual day that the illness started or accident happened, even if this was a Saturday/Sunday or Public Holiday or normal day off, as this may affect your rights to Statutory Sick Pay (SSP)
- The expected length of absence
• Details of action being taken to ensure the absence is minimised (e.g. doctors appointment)
• Your anticipated date of return
• Details of any medical advice sought or received
• Details of urgent pieces of work that need to be completed
• A contact number of where we can keep in touch with you
• When you will next be in contact with us. Normally this will be the next day unless a longer period without contact is agreed with your manager or HR.
• If due to exceptional circumstances the call is made by someone on your behalf, they must give their name and contact details; an explanation of why you are unable to call and a contact number where we can get in touch with you and when you are expected to be available.

Once notification has been received, your line manager will record the details of your absence using the relevant reporting tool.

If you are absent and fail to contact us within the specific time stated or to give notification as set out above, your line manager or HR will try and contact you as soon as possible.

Absence without following the notification procedure above may be treated as unauthorised. Where your absence is regarded as unauthorised, disciplinary action may be taken for failure to follow the Group’s procedure and pay will also be stopped immediately. If there are mitigating circumstances, payment may be reinstated as appropriate at a later point.

Continuing Contact

Unless agreed otherwise by your line manager/HR team, even when the absence is covered by a medical certificate, where you remain absent beyond the first day of absence you should continue to notify your absence on a daily basis as above.

Self-Certification Sickness Absence - lasting up to and including 7 days

For absence of up to 7 calendar days (inclusive of Saturday and Sunday or other non-working days) you must complete one of the Group’s Return to Work Forms to cover the period from the first day of absence.

This form is available on the intranet under People Polices. Your line manager should complete this with you as soon as is practicable upon your return to work (normally the first day) and forward the completed form to HR.

Statement of Fitness to Work (Fit Note) Sickness Absence - lasting over 7 days

If your absence lasts for more than 7 calendar days (i.e. 8 or more consecutive days from the first day of absence), you must obtain a Fit Note from your GP or a hospital and forward it to HR without delay. Preferably a scan or photograph of the
Fit Note should be taken and emailed to HR. Regardless of whether this is done, in every case the original Fit note should be delivered or posted to HR.

Further Fit Notes for sickness absence must be submitted when the period of absence continues after the expiry of any previous documentation. The Fit Note will normally state the date it starts from and the date it ends. You are expected to be back at work on the next working day following the end date given on the Fit Note. For example; if you have a Fit Note for one week dated on a Monday, it is expected that you would be back at work on the following Monday morning not the Tuesday.

It is important to ensure that if you need a further Fit Note that you make an appointment with your GP sufficiently in advance that you are not left with a gap in time between one Fit Note running out and a new one being granted. Failure to comply with this may affect your sick pay and could result in your absence being treated as unauthorised which is a disciplinary matter.

Failure to provide us with your Fit Note as soon as it is issued may also result in your absence being unpaid or treated as unauthorised.

Sometimes your GP may indicate that you are fit to return to work provided that certain measures are taken such as a phased return to work; altered hours; amended duties; workplace adaptations etc. We will try to support any recommendations from your GP where reasonably practicable. We can only try to follow your GP’s recommendations if we are clear what it is that they are recommending. For example, sometimes a GP may recommend a return on ‘light duties’. It is not necessarily clear what this means so it is important that you discuss with your GP what they think should happen so that you are clear about this and can explain it to us. Where your GP recommends a phased return to work, this is likely to mean initially working reduced hours until you build up to your normal hours. We need to understand however what reduction in hours is needed; over what period and in what way the hours are to be gradually increased. We cannot comply with a GP’s recommendations if we do not understand what they are.

Long term sickness is defined as any period of continuous sickness which is in excess of 4 weeks.

6.1 The Principles that will be applied

Return to Work Meeting

As soon as practicable upon your return to work (normally the first day of return), you will normally have a meeting with your line manager. On occasions where your line manager is unavailable, it is the manager’s responsibility to ensure that an appropriate meeting still takes place e.g. via a deputy.

The meeting is designed to welcome you back to work, and to update you on day to day activities.
The meeting will allow your manager to confirm that you are fit to resume your normal duties; to discuss the likelihood of a return of the illness; and to ascertain whether or not any reasonable adjustments/action needs to be taken to enable you to resume working or to prevent a recurrence of the illness (e.g. counselling or medical advice as may be facilitated by HR in conjunction with our Employee Assistance Helpline and Occupational Health Advisers). Managers should consult with HR where necessary.

Regardless of how long you have been off and whether or not you have been given a Statement of Fitness to Work, you must complete the relevant sections of the Return to Work Form, and this should be discussed and completed in the Return to Work meeting with your manager.

Once completed, the Return to Work form should be forwarded to HR.

Routine "Return to Work meetings" must be conducted each time a colleague returns to work following absence.

Absence Review Meetings

Frequent intermittent short term events of absenteeism or repeated spells of sickness/absence can cause considerable disruption. They can also place an undue burden upon other team members. Therefore, if you find it hard to maintain an acceptable level of absence it may become necessary to take action, even if the absence is due to a genuine sickness. In order to ensure consistency there are various trigger points which prompt a review, these may include:

- Continuous absence of greater than 4 weeks
- Frequency/occurrences of absence totalling 4 or more occasions in a rolling 12 month period
- Short-term absences, (1 to 2 days) where the reasons are always different
- Any absence where the procedure is not adhered to
- Where there is a pattern to the absences (absences occurring on the same day of the week or immediately before or after a bank holiday or planned holidays etc.)
- Where the reason for absence is stress, depression, anxiety, musculoskeletal, or a disability (the list is not exhaustive). These types of condition may give cause for us to examine work type from a risk assessment and health & safety perspective.

Trigger points can be varied by us at any time and individual trigger points may be set for a particular colleague.

Management of unacceptable levels of absence will fall under this Policy where colleagues are cautioned about the potential effects of continued absence. The Sickness Absence Policy follows similar stages to the Group’s Disciplinary Policy. However prior to embarking on formal absence management, the line manager should consult with HR and have gone through an informal stage of absence management to try and improve attendance.
Informal stage of Absence Management

When a line manager first establishes that a colleague is experiencing problems in meeting the attendance requirements, the line manager will investigate the cause of the colleague’s absence.

This may be due to health reasons, the role or external personal factors.

Your manager will hold an informal meeting with you to explore the reasons for your absence. Your manager should focus on providing factual evidence, for example dates, reasons and should ask for your view. A colleague’s absence record should be reviewed with the aim of identifying and agreeing actions to achieve improved levels of absence. You should be given a timescale for achieving this and the consequences of not achieving this should be fully explained. Dependent upon the outcome of this meeting, there may be a requirement to involve HR.

The consequences of failing to meet the absence target will typically involve escalating the matter to the formal stage of absence management which ultimately may result in dismissal.

At the informal absence meeting

At the meeting a mutual understanding of the objectives to be achieved should be agreed along with a clear understanding of:

- how the meeting forms the informal stage of absence management
- the colleagues current absence levels
- levels of attendance expected and what must be achieved by the colleague
- the colleagues responsibility and what they plan to do to achieve the objectives
- review dates (this typically will be no less than 4 weeks and no greater than 6 months)
- the likely consequences of failing to meet the required objectives
- agreement of any objectives to improve attendance
- agreement of any necessary training, support or adjustments

During the informal process a colleague will normally be set a zero tolerance target for a period of 6 months, unless in exceptional circumstances where there may be an underlying medical condition.

As this is the informal stage of absence management there is no right for the colleague to be accompanied at the meeting.

If the informal process is not successful then the process may continue into a formal absence management process with a series of ‘warnings’ which may culminate in dismissal.

Dependent upon the outcome of this meeting, there may be a requirement to obtain further information from the colleague’s GP or an Independent Occupational Health Provider.
Should a manager have reason to believe that the reasons given by the colleague for his/her absence are not genuine an investigation as detailed in the Group's Disciplinary Procedure may be invoked.

Contact with absent colleagues

Regular meetings, as appropriate, will be arranged with the absent colleague to discuss their progress, and to provide updates on work related issues. The meetings may, with the colleague's agreement, be at their home or alternatively at an off-site location.

During the meetings, concern regarding the colleague’s illness/injury must be balanced with the need to take account of and explain the Group’s operational issues. The colleague’s views must be sought regarding the expected length of absence, the longer-term effects of the illness/injury (if any) and the possibility of a recurrence of the illness/injury. If the meeting is to take place at the colleague's home, a friend/relative may accompany them. A representative from HR may also accompany the manager.

Consent to provide a Medical Report

If we require further information concerning a colleague’s absence or their medical condition, the colleague will be asked by their line manager to provide consent for the Group to obtain detailed medical information from the colleague's GP or another Medical Specialist (at the Group’s choice). Consent to a referral to the Group's Occupational Health/Medical Adviser may also be requested. Should the colleague refuse to provide his/her consent, he/she should be advised that the Group will have no option other than to proceed on the basis of such information as is available.

In addition, a refusal to provide consent for a medical report to be obtained by the Group, or a colleague who refuses to attend a medical examination arranged by the Group, should be advised that this may impact on continued payment of Group sick pay.

Return to work plans

Where an absence is longer than four weeks and where the colleague is returning to their normal role, a return to work plan/phased return should be considered in conjunction with the colleague, HR and in the light of medical advice.

The return to work plan/phased return may include a gradual build up in working hours and/or temporary changes to duties and responsibilities. Any return to work plan for a specified period of time (typically no longer than 4 weeks) must result in a colleague being able to return to normal duties, responsibilities and working hours.
Alternative Employment

Once sufficient medical advice is available and has been considered fully by the colleague’s line manager and HR, a further meeting should be arranged with the colleague. Prior to this meeting taking place, it may be appropriate to examine any alternative employment options (e.g. including transfers and part-time working). Where the colleague is disabled (within the meaning of the Equality Act 2010), in consultation with HR, the line manager will consider any reasonable adjustments that may be made to work practices, premises or equipment.

The definition of what is a legal ‘disability’ can be a complex area and should be considered carefully in consultation with HR.

Where, as a result of a medical condition, following an investigation into and consideration of potential reasonable adjustments to the existing job, a colleague is unable to continue in their normal position, HR may request consent to obtain a written medical report from the colleague’s GP to identify the types of duties the colleagues could undertake that would not endanger their health or that of their fellow colleagues.

HR will look to find opportunities for redeployment against the vacancies that exist within the Group.

Where redeployment is considered as potentially appropriate, all available alternative job opportunities will be discussed with the colleague. This discussion will include details of the vacant position’s duties/main responsibilities, the specification of the job-holder, and the associated terms and conditions of employment.

Where medical opinion confirms a potential recovery to full health in the future, it may be more appropriate for HR, where possible, to consider offering projects/secondments as an interim measure, to provide continuity of service. Colleagues should be aware that they have an obligation to accept another role, if it becomes available and/or to work part time if they are able to. Refusal to undertake another role that is available and suitable may result in sick pay being discontinued and may be treated as a disciplinary offence.

Where return to work may be unlikely

Where the medical advice is unable to establish a return to health and work in the foreseeable future, and where no return to work action plan can be initiated, the manager, Head of Function (advised by HR) will need to consider the likelihood of continued employment of the colleague or the termination of employment.

Before ending a colleague’s employment with the Group we must first have discussed this with the colleague and they must have been made aware that their employment was “at risk” as a result of their continued absence.

If the decision is made to terminate the colleague’s employment, this will be confirmed in writing by HR, and will include advice on the colleague’s rights to appeal against the decision.
Factors to be considered are:

- The GP or Medical Specialist, Occupational Health report
- The nature, length (past and expected) and effect of the illness
- Colleagues’ past and likely future service
- Importance of the job and feasibility in covering the role
- Fair review of absence records
- Consistency with other ill health cases
- Reasonable adjustments

Formal Absence Management Process

Your sickness absence will be managed under the formal stages of this policy where there are on-going concerns about your ability to attend work within a reasonable timeframe (long-term absence) or to attend work regularly (short-term) absence.

The formal stage comprises of a series of formal absence management review meetings (Stage 1, 2 and 3) with you to discuss and review your health, consider possible medical interventions and other appropriate strategies to facilitate your return to work within a reasonable timeframe or to attend work on a regular basis.

You can be accompanied at formal meetings by a workplace colleague or alternatively by a trained and suitably qualified full-time or lay Trade Union official who has received training in acting as a companion at formal meetings. You also have the right to appeal against any formal action arising from a formal meeting. Such stages will follow the Group Disciplinary Policy (please refer to the Disciplinary Policy) which may result in the following outcomes. In exceptional circumstances, where we have serious concerns, we reserve the right to progress to any stage of the process:

- Stage 1 - First Written Warning Improvement Notice
- Stage 2 - Final Written Warning Improvement Notice
- Stage 3 - Dismissal

Pregnancy related illness

Where a colleague’s ill-health absence is related to her pregnancy, disciplinary action and dismissal will not be considered in relation to those pregnancy-related absences. Instead, the colleague may be put on medical suspension from work on full pay or remain on sick pay.

Where the absence is due to a pregnancy-related illness and occurs within the four weeks prior to the expected week of childbirth, the law provides that the woman’s maternity leave commences automatically.

4.0 Sick Pay Scheme

The Group’s Sick Pay Scheme is open to all colleagues within the Group who have successfully completed their probationary period. The level of cover is subject to
service, adherence to the notification procedure, and the production of the appropriate medical certificates.

During the first six months’ of a colleague’s employment and their probationary period, they will be entitled to statutory sick pay (SSP) only, provided that they follow the appropriate notification and certification procedure. Full details can be obtained from HR.

**Amount of Sick Pay**

The following schedule shows the maximum level of discretionary sick pay relative to a colleague’s service. Sick pay applies across a rolling 12 month period:

<table>
<thead>
<tr>
<th>Years’ Service</th>
<th>Payment*</th>
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<tbody>
<tr>
<td>During the first year</td>
<td>Upon successful completion of probationary period and after completing six months’ service, one month’s full pay and one month’s half pay.</td>
</tr>
<tr>
<td>During the second year</td>
<td>Two months’ full pay and two months’ half pay.</td>
</tr>
<tr>
<td>During the third year</td>
<td>Three months’ full pay and three months’ half pay.</td>
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<tr>
<td>During the fourth year</td>
<td>Four months’ full pay and four months’ half pay.</td>
</tr>
<tr>
<td>During the fifth year</td>
<td>Five months’ full pay and five months’ half pay.</td>
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<tr>
<td>During the sixth year and above</td>
<td>Six months’ full pay and six months’ half pay.</td>
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</tbody>
</table>

*For the purposes of sick pay, one month equals 22 ‘working days’ or the prorated equivalent for colleagues who work part time hours.

To qualify, a colleague must be able to fulfil the requirements set out in the Sickness Absence Policy.

If you are unable to attend work due to sickness or an accident; you must provide us with all the right certificates at the right time and keep us informed about your recovery and anticipated return to work.

The scheme operates on a “rolling year”. This means that if a colleague exhausts their maximum sick pay eligibility in the preceding twelve month period:

a) they will not be eligible to receive any further sick pay until they have returned to work in their normal role and hours; and
b) if they then go off sick again, they will not be eligible to receive any sick pay until the amount of sick pay which they have received in the preceding 12 month period is less than their maximum sick pay eligibility.

The amount of benefit under Statutory Sick Pay (SSP) will be paid as a separate item and deducted from that paid under the Group Sick Pay scheme. However, if colleagues are in receipt of half-pay under the Group Sick Pay scheme, then SSP will be added to it unless this would exceed their normal salary.

Group Sick Pay is discretionary. This means that colleagues are not entitled to receive it. The Group may decide not to pay Group Sick Pay for any reason. In those circumstances, the colleague would receive SSP only. Some examples of situations where Group Sick Pay may not be paid include:

- If you are absent as a result of misconduct on your part
- Where the absence is self-inflicted
- Where absences occurred as a result of other permitted employment
- Where there is work available which you are fit to do but you refuse to do it
- Where you are able to claim loss of earnings from a third party or insurance policy
- Where you refuse to attend a medical examination
- Where absence notification procedures have not been followed
- Where absences are not genuine or have reached an unacceptable level

The Head of Human Resources has the discretion to extend the application of the rules in exceptional cases.

7.0 RELATED DOCUMENTS

This policy should be read in conjunction with our other Group Policies and Documents which can be found on the Intranet under People Policies.

Useful Resources

In addition, there may also be some relevant modules available on our Learn platform.

8.0 SUPPORT

Colleagues should be aware of the availability of the Group’s Employee Assistance Programme, Lifeworks. Independent support is also available through the confidential 24 hours Colleague Helpline on 0800 169 1920.

9.0 REVIEW

This policy will be reviewed by HR every 2 years, or sooner where new developments in employment legislation or changes in the business necessitate such a review.
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<tr>
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<th>Review date</th>
<th>Who</th>
<th>Changes made</th>
<th>Next Review Date</th>
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<td>January 2014</td>
<td>L Morris Interim HR Manager</td>
<td>Update in line with alignment of terms and conditions project</td>
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<td>March 2015</td>
<td>K Graves – Head of HR</td>
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<td>C Brookes-Jenkin HRBP</td>
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<td>8</td>
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<td>J Wyatt HR Advisor</td>
<td>Removal of ‘Other types of leave’ section and new policy created.</td>
<td>April 2020</td>
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<tr>
<td></td>
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<td>Renamed Sickness Absence Policy.</td>
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<td>9</td>
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<td>F Hopkins HR Advisor</td>
<td>Policy Review</td>
<td>May 2022</td>
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